DEPT.-65

JOB- 21

REEL- 20

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KF 23607

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C8600 6 C8600

1-PLACE OF DEATH. REGISTERED No. C

CITY OF BALTIMORE: (No. 1926 Alice Anna St.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Dominick

(Residence in Baltimore: No. 1926 Alice Anna St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE. White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, January 30, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 8 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Joseph Dominick

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Sophia Kuntek

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Dominick

(Address) 1926 Hollins Ave

15- OCT - 3 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1915, to Oct 2 1915, that I saw h— alive on Oct 2 1915, and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) 1 yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. 3 mos. ds.

(Signed) William J Ryan M. D.

10-2, 1915 (Address) 2008 O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Hannibals. | DATE OF BURIAL, Oct 3, 1915

20-UNDERTAKER M. J. Sadowski | ADDRESS 705 S. Amity St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88601

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C88601

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 2913 E. Monument St. ST.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Bunch

(Residence in Baltimore: No. 2913 E. Monument St. 28 yrs. 4 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May (Month) 25 (Day), 1887 (Year)

7 AGE: 28 yrs. 4 mos. 5 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cement worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John D. Bunch

11 BIRTHPLACE OF FATHER (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Elizabeth Collison

13 BIRTHPLACE OF MOTHER (State or country): Balto. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Heuer

(Address) 23 23 Hoffman St

15 OCT - 3 1915 — HUBERT . KRAUTER, Special Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September (Month) 30 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1915. to. September 30 1915.
that I saw him alive on September 26. 1915.
and that death occurred, on the date stated above, at 5:30 A m.
The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis

(Duration) yrs. 2 mos. 17 ds

Contributory (SECONDARY)

(Duration) yrs. 2 mos. 17 ds.

(Signed) Wm E Daly M. D.

Oct 4, 1915 (Address) 515 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Oct. 4th 1915

20 UNDERTAKER: George J. Ruth — ADDRESS: 1735 Harford ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88602 43 C88602

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Madison Ave. ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Koshland,

(Residence in Baltimore: No. 1910 Madison Ave., St.; life time yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow,

6-DATE OF BIRTH, March (Month) 5th. (Day), 1869 (Year).

7-AGE,	If LESS than 1 day,
46 yrs. 6 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.,

PARENTS.

10-NAME OF FATHER, Sigmund Kittner,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Sarah Lowenstein,

13-BIRTHPLACE OF MOTHER (State or Country), Germand,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Waldorf,

(Address) 1910 Mad. Ave.,

15 OCT - 3 1915 Filed....., 191. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 2nd. (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from May 1914, to Oct 2 1915, that I saw h[er] alive on Oct 1 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma (General)

of the Breast (Operation)

(Duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 7 ds.

(Signed) E. L. Eskam M. D.

Oct 2, 1915. (Address) 1908 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Hebrew Friendship	Oct. 4th., 1915.
20-UNDERTAKER, David Rosenheim	ADDRESS 118 N. Howard St.

Spec.—6-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88603 C88603

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2024 Brookfield ave ST. 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Garthe

(Residence in Baltimore: No. 2024 Brookfield ave St.; 45 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month) 22 (Day), 1843 (Year)

7-AGE, 72 yrs. 4 mos. 10 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Roeth

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline W. Hungerland

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. W. Garthe

(Address) 2024 Brookfield ave

15- OCT - 3 1915 Burial Permit Clerk.
Filed..... 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 2nd (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to Oct 2nd 1915, that I saw h alive on Oct 2nd 1915, and that death occurred, on the date stated above, at 5-20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy
30 minutes (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis
5 (Duration) yrs. mos. ds.

(Signed) Eugene Douglass M. D.
Oct. 3rd, 191.5. (Address) 830 W. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park.	Oct. 4th 1915
20-UNDERTAKER	ADDRESS
F. A. Kranse.	703 Hanover

important. See instructions on back of certificate.

C8604

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C8604

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2634 Hampden Ave St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Brookes

(Residence in Baltimore: No. 2634 Hampden Ave St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Oct 29, 1914 (Month) (Day) (Year)

7-AGE: ..... yrs. 11 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Oliver Brookes

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Agnis Brookes

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Agnis Brookes

(Address) 2634 Hampden Ave

15 Filed OCT - 4 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct 3rd, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1915, to Oct 3rd 1915, that I saw h[illegible] alive on Oct 3rd, 1915, and that death occurred, on the date stated above, at 430 P.M.

The CAUSE OF DEATH* was as follows:

Toxic Enteritis

(Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) Lacerations cervix

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. Duckett M.D.

Oct 3, 1915 (Address) 1120 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Marys Hampden

DATE OF BURIAL: Oct 5, 1915

20-UNDERTAKER: Clemow Wilson

ADDRESS: Chestnut Ave

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88605

HEALTH DEPARTMENT—CITY OF BALTIMORE 104

C88605

CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 2703 Hanlden Ave St.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Robert J Lurner

(Residence in Baltimore: No. 2703 Hanlden Ave St.: yrs. 6 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: March (Month) 5 (Day), 1915 (Year)

7 AGE: ..... yrs. 6 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Md Balto City

PARENTS

10 NAME OF FATHER: John W Lurner

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Katherine McLeod

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr M Steele

(Address) 2435 Md Ave

15 Filed OCT - 4 1915 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 2 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 22 1915 to Oct 2 1915 that I saw h[illegible] alive on October 1st 1915 and that death occurred, on the date stated above, at 9.35A m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

..... (Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr M Steele M. D.

Oct 2, 1915 (Address) 2435 Md Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: St Marys Howard — DATE OF BURIAL: Oct 4 1915

20 UNDERTAKER: Calhoun with Co — ADDRESS: Chestnut Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88606 HEALTH DEPARTMENT—CITY OF BALTIMORE C88606

64

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4012 Brookline Ave., St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Klee

(Residence in Baltimore: No. 4012 Brookline Ave. St.; ...yrs., 3 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow,

6-DATE OF BIRTH, ...Aug.... (Month) ...2nd.... (Day), ...1835... (Year)

7-AGE, 80 yrs. 2 mos. ...ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Leopold Sanders,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. Oberndorf,

(Address) New York,

15- OCT - 4 1915, 191... HARRY O. ANDREWS, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 2nd. (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1915, to October 2 1915, that I saw h... alive on Octob 2 1915, and that death occurred, on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ...yrs. ...mos. 5 ...ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(Duration) ...yrs. ...mos. 1 ...ds.

(Signed) Julius Friedenwald M. D.

Oct. 3, 1915 (Address) 10 E. 39th St. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pittsburgh Pa., DATE OF BURIAL, Oct. 4th 191...5

20-UNDERTAKER Ward & Goodwin ADDRESS 1184 W. Baltimore

Please write plainly in ink. Every entry must be properly filled in. Each statement of OCCUPATION is very important. See instructions on back of certificate.

C8860?

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C8867

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 48 Albemarle ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Baer

(Residence in Baltimore: No. 48 Albemarle St.: 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Oct 3 (Month) (Day), 1843 (Year)

7-AGE: 72 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Selick

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herman Seidel

(Address) 1523 E Balto st.

15. OCT - 4 1915 (Filed) HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November, 1914, to Oct 3 1915, that I saw h[illegible] alive on Oct 3, 1915, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cardiac end of stomach. no operation no autopsy, no microscopic exam

(Duration) yrs. 11 mos. ds

Contributory (SECONDARY) Uremia

(Duration) yrs. mos. 6 ds.

(Signed) Herman Seidel M. D.

Oct. 3 - 1915 (Address) 1523 E. Balto st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Herrun Rm

DATE OF BURIAL: 10/4, 1915

20-UNDERTAKER: Jack Lewis

ADDRESS: 1419 E. Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C88608

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88608

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Leadenhal ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Martin

(Residence in Baltimore: No. 1019 Leadenhal St.: ....yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Aug (Month) 28 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Harvey Cuico-

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Carrie Martin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Camilla Martin

(Address) 1019 Leadenhal St

15- Filed OCT - 4 1915, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Oct 3 1915, that I saw h.. alive on Oct 2 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

(Signed) H.C. Ferguson M. D.

10/3, 1915. (Address) 1420 N. Chas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Mt Zion	Oct 7, 1915
20-UNDERTAKER	ADDRESS
J. E. Bruno & Son	108 N. Eutaw St

important. See instructions on back of certificate.

C88609

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

C88609

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Battery Ave ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Walter Wells

(Residence in Baltimore: No. 916 Battery ave St.; — yrs. — mos. 9 hrs. (dys.))

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: October 2 (Month) (Day), 1915 (Year)

7-AGE: — yrs. — mos. — days or — min.? If LESS than 1 day, 9 hrs.,

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Milton Walter Wells

11-BIRTHPLACE OF FATHER (State or country): Baltimore City

12-MAIDEN NAME OF MOTHER: Anna Wells

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Milton H. Wells

(Address) 906 Battery Ave

15- Filed OCT - 4 1915, 191

HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct 2 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2, 1915, to, Oct 3 1915, that I saw h.m alive on Oct 2 1915, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Malformation or
Want of Development
of Heart (Duration) yrs mos ds.

Contributory (SECONDARY) Premature birth period 7
Intergeadation (Duration) only 8 months ds.

(Signed), Thomas J Simms M. D.

Oct 3 1915 [Address] 923 W Mulberry

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Oct 4 191 5

20-UNDERTAKER: C. Sebastian & Son ADDRESS 1039 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88610 — 120 — C88610

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Chelsea Ave ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Sarah F. Wonn

(Residence in Baltimore: No. 2211 Chelsea ave St.; 70 yrs., mos. ds.)

important. See instructions on back of certificate. The property claimed. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Sept 21, 1844
(Month) (Day) (Year)

7-AGE, 71 yrs. 0 mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER Samuel Cottingham

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mary J. Crouch

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia W. Harding

(Address) 2211 Chelsea Ave

15 OCT - 4 1915

Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 191 5, to Nov 2 191 5, that I saw h[illegible] alive on Nov 2 191 5, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Heart Dis. Mitral Regurgitation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(Duration) yrs. Not known mos. ds.

(Signed) Charles L. Tilden M. D.

Nov 3, 1915. (Address) 2806 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem

DATE OF BURIAL, Oct 5, 191...

20-UNDERTAKER Wm Cook

ADDRESS 132 N. Howard

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88611 79 C88611

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.) (WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Nicholas

(Residence in Baltimore: No. 414 E Baltimore St. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Sept. 14, 1853 (Month) (Day) (Year)

7-AGE, 62 yrs. 0 mos. 19 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: John Nicholas

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Accd Mercy Hosp

(Address) Calvert St.

15- FILED OCT - 4 1915, 191... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 3, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1915, to Oct 3 1915, that I saw him alive on Oct 3 1915 and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

Don't Know (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

... (Duration) ... yrs. ... mos. ... ds.

(Signed) Edward A. Linch M. D.

Oct 3, 191 5 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 2 mos. 6 ds. In the State Don't Know yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 414 E Balto St

Former or usual residence 414 E Balto St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Carmel Cem	Oct 5, 1915.
20-UNDERTAKER Helmid & Hulle	ADDRESS 211 N Broadway

important. See instructions on back of certificate.

C88612 C88612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST. 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Frederick Jackson

(Residence in Baltimore: No. 109 N. Dallas St.; yrs. 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, August (Month) 10th (Day), 1880 (Year)

7-AGE. 34 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Stevedore

9-BIRTHPLACE, (State or Country), St. Mary Co. Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Jackson

(Address) 109 N. Dallas

15- Filed OCT - 4 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture (linear) of skull and intracranial hemorrhage the result of being accidentally struck by a "tub" in the hold of a steamship (Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. 7 ds.

(Signed) Wm. M. Savage M. D. (Coroner.)

Oct 3, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? at Curtis Bay

Former or usual residence 109 N. Dallas

19-PLACE OF BURIAL OR REMOVAL, West Point Va — DATE OF BURIAL, Oct 5th, 1915

20-UNDERTAKER Harry A Vodery — ADDRESS 1725 Orleans St

R. C.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-29-13—M. & T.—500 Elks.

C88613 HEALTH DEPARTMENT—CITY OF BALTIMORE C88613

8

CERTIFICATE OF DEATH. 79

1-PLACE OF DEATH General German Aged Peoples Home REGISTERED No. C

CITY OF BALTIMORE: (No. Baltimore and Payson ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Schnellbächer

(Residence in Baltimore: No. Baltimore and Payson St.) (90 yrs., 9 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.)
Female	White	widow

6-DATE OF BIRTH, Jan (Month) 7 (Day), 1825 (Year)

7-AGE,	If LESS than 1 day,
90 yrs. 9 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jacob Schulz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of German Aged Home

(Address) Baltimore & Payson Sts

15- OCT - 4 1915 HARRY O. ANDREWS, Registrar.

Filed ....., 191. Burial Permit Oct 4 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 191 /, to Sept 28 1915, that I saw h-r alive on Sept 28 1915, and that death occurred, on the date stated above, at 3.50 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Hypostatic carditis disease

..... (Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. M. Hobelmann M. D.

Oct 2, 191 5. (Address) 1908 W. Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 16 yrs. 3 mos. 15 ds. In the State 90 yrs. 9 mos. 25 ds.

Where was disease contracted if not at place of death? General German Aged Home

Former or usual residence Balto and Payson Sts

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Oct 4, 191 5
20-UNDERTAKER	ADDRESS
Jas B Cook	1003 W Balto St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88614 64 C88614

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. S.W. cor Fulton ave & Franklin St ST. 70 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret C. Emory

(Residence in Baltimore: No. Fulton & Franklin Sts. (Methodist Home) St.; yrs. 73 mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female 4-COLOR OR RACE, White 5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ Single (Write the word.)

6-DATE OF BIRTH, unknown, (Month) (Day) 1842 (Year)

7-AGE, 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Samuel L. Emory.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Maria Nichols.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E R Meushaw.

(Address) In Home for the aged

15-

FILED OCT - 4 1915 191. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 1st, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 A.M. 191 5, to Oct 1 P.M. 191 5, that I saw h er alive on Oct 1 st 191 5, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. 20 hours ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. M. Duvall M. D.

Oct 2, 1915. (Address) 1817 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. 4 mos. 15 ds. In the State 73 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ft. Olivet Cemetery. DATE OF BURIAL, Oct 4, 1915.

20-UNDERTAKER George J. Smith. ADDRESS 1806 W Fayette St

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C88615 — 151 — C88615

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 2424 E. Biddle ST. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catherine F. Rieman

(Residence in Baltimore: No. 2424 E. Biddle St.; yrs. mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH: Sept 8th, 1915 (Month) (Day) (Year)

7 AGE: yrs. mos. 25 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Edgar Rieman

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Catherine Cassidy

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edgar Rieman

(Address) 2422 Rieman

15. Filed OCT - 4 1915 191 — HARRY O. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 3rd (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 8th. 1915. to Oct. 3rd. 1915. that I saw h[illegible] alive on October 3rd. 1915. and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Insufficient Vitality on account of Premature birth

(Duration) yrs. mos. 25 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Albert G. Dingemanl M. D.

10/4/, 1915. (Address) 150 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: Oct 4th, 1915

20 UNDERTAKER: Geo M. Frank — ADDRESS: 841 N. Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88616

50 C88616

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 McCulloh ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lotta A. Bartz

(Residence in Baltimore: No. 1005 McCulloh St.; ..... yrs., 41 mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 5 (Day), 1857 (Year)

7-AGE, 58 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Zinn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lizzie Apple

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles P. Bartz

(Address) 1005 McCulloh

15- Filed OCT - 4 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15th 1915, to Oct 2nd 1915, that I saw h[illegible] alive on October 1st 1915, and that death occurred, on the date stated above, at 10.15 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes

Gl

(Duration) Aft 15 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) Involved yrs. ..... mos. ..... ds.

(Signed) A. Bartz M. D.

Oct 2nd, 1915. (Address) 607 N Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Oct 7, 191..

20-UNDERTAKER Townsend

ADDRESS [illegible]

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C58617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4-8 C58617

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 N. Chapel ST.; 6 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Milton

(Residence in Baltimore: No. 22 N. Chapel St.; 40 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower.

6-DATE OF BIRTH, Unknown (Month) (Day) 1857 (Year)

7-AGE, 58 yrs. — mos. — ds.

If LESS than 1 day. ....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah J. Carey.

(Address) 22 N. Chapel St.

15- OCT - 4 1915 HENRY O ANDREWS, Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 2, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1, 1915, to October 2 1915, that I saw him alive on September 1, 1915, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Arthritis deformans

(Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 2 mos. 1 ds.

(Signed) G. G. Ross M. D.

Oct 2., 1915. (Address) 2000 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Zion Cemetery — DATE OF BURIAL, Oct. 6., 1915

20-UNDERTAKER Robt. A. Elliott — ADDRESS 506 Fayette Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88618

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88618

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Wolfe ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Namuth

(Residence in Baltimore: No. 114 N. Wolfe St. St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR FACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	White	Single

6-DATE OF BIRTH, Oct 2, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 1 ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Walter Namuth

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Walker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Namuth

(Address) 114 N. Wolfe

15- OCT - 4 1915 HARRY O. ANDREWS,
Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 3, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to Oct 3, 1915, that I saw h[illegible] alive on Oct 2 1915, and that death occurred, on the date stated above, at 6 [illegible] m.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ..... yrs. ..... mos. 1 .... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. G. Ruark M. D.

Oct 3, 1915 (Address) [illegible] Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cem	Oct 4., 1915
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

important. See instructions on back of certificate.

C88619

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88619

CERTIFICATE OF DEATH.

167

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 225 Cross ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ladie Friedhofer

(Residence in Baltimore: No. 22 E Cross St. St., yrs., 7 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feb 7, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 7 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Chas, Friedhofer

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Louise Fay-

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Friedhofer

(Address) 22 E West St

15- OCT - 4 1915 Filed....., 191... MARKET ● ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inq. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns

Fell in hot water in her Father home (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Edw Gruenth M. D.
(Coroner.)

Oct 4, 1915. (Address) 217 Lodtz

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State....yrs.....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Louden Park

DATE OF BURIAL, Oct 4, 1915

20-UNDERTAKER F A Krauce

ADDRESS 703 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88620

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88620

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 Columbia Ave. 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary V. Steinbrunn

(Residence in Baltimore: No. 738 Columbia Ave. St.; ..... yrs., 7 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Feb (Month) 17 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 7 mos. 18 ds.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Steinbrunn

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ida Wilhide

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Harmon

(Address) 738 Columbia Ave

15. OCT - 4 1915 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Oct (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19 1915, to Oct 3 1915, that I saw h[illegible] alive on Oct 2 1915, and that death occurred, on the date stated above, at 10-30 A.m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) 1 yrs. ..... mos. 2 ds.

(Signed) R. E. K. Campbell M. D.

Oct 3., 1915. (Address) 1644 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Jordan Park	Oct 4, 1915
20-UNDERTAKER John J. Conway & Son	ADDRESS 901 Hollins Ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C8621

HEALTH DEPARTMENT—CITY OF BALTIMORE

x104

C8621

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary

CITY OF BALTIMORE: (No. 1114 Division ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Ewing

(Residence in Baltimore: No. Union Protestant Infirmary St.; yrs., mos. 4 ds.)

important. See instructions on back of certificate. Accuracy, especially in the statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 4 (Month) (Day), 1914 (Year)

7-AGE, 1 yrs. 6 mos. 0 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Wm F Ewing

11-BIRTHPLACE OF FATHER (State or Country), Turners Sta. Md

12-MAIDEN NAME OF MOTHER Martha Haller

13-BIRTHPLACE OF MOTHER (State or Country), Union Town Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) O. E. Ulzmyer

(Address) 1114 Division St.

15- Filed OCT - 4 1915, 191 HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 3 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1915, to Oct 3 1915, that I saw h — alive on Oct 3 1915, and that death occurred on the date stated above, at 4-7 m.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal c. pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) None known

(Duration) yrs. mos. ds.

(Signed) Otto E. Ulzmyer M. D.

Oct. 3, 1915 (Address) Union Prot. Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 1 yrs. 10 mos. 0 ds.

Where was disease contracted, if not at place of death? At St Helena Md

Former or usual residence St. Helena Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem	Oct 6, 1915
20-UNDERTAKER Wm Boyd	ADDRESS 502 N Northern

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 227 S. Mount St. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johannah Häguphe (Stubbe)

(Residence in Baltimore: No. 227 S. Mount St. Aged 32 yrs. 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Dec (Month) 8 (Day) 1844 (Year)

7-AGE 70 yrs. 9 mos. 23 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER William Greve

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Hemphe

(Address) 227 S. Mount St.

15- Filed OCT - 4 1915, 191 HARRY O. ANDREWS, Registrar of Burial Permits

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Oct (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28, 1914, to, Oct 1 1915, that I saw her alive on Oct 1 1915, and that death occurred, on the date stated above, at 8-45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage causing Hemiplegia & Aphalia

(Duration) 1 yrs. 9 mos. 2 ds.

Contributory (SECONDARY) Recurrent Cerebral Hemmorrhage

(Duration) About mos. 30 Hrs

(Signed) Henry L. Ohle M. D.

Oct 1 1915 [Address] 1203 W. Fayette St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL London P K. DATE OF BURIAL Oct 4th 1915

20-UNDERTAKER A. Jones ADDRESS 207 S Stricker St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88623

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C88623

8

45

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1506 W Mulberry ST. 19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Hahn.

(Residence in Baltimore: No. 1506 W Mulberry st; St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug 9, 1868 (Month) (Day) (Year)

7-AGE: 47 yrs. 1 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Advertiser
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: John B Hahn.

11-BIRTHPLACE OF FATHER (State or country): England.

12-MAIDEN NAME OF MOTHER: Mary B McCoukin

13-BIRTHPLACE OF MOTHER (State or country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida M. Hahn

(Address) 1506 W Mulberry St.

OCT - 4 1915 Filed ....., 191 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct - 2 - , 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept - 1 - , 1915 to Oct - 2 1915 that I saw him alive on Oct - 2 , 1915 and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Carcinoma of
Prostate Gland.

(Duration) ..... yrs. 1 3 mos. ..... ds

Contributory (SECONDARY) Metastasis to Abdominal Organs (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Martin W. Shook M. D.

Oct - 2 , 1915 (Address) 806 N Fulton ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Oct 5 , 1915

20-UNDERTAKER: Robert J Garner

ADDRESS: Broadway & Fleet

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88624 C88624

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 237 Myrtle Ave ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Covington

(Residence in Baltimore: No. 237 Myrtle Avenue St.; 22 yrs., 11 mos., 27 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 5, 1892 (Month) (Day) (Year)

7-AGE, 22 yrs. 11 mos. 27 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James Lee

11-BIRTHPLACE OF FATHER (State or Country) Norfolk Va

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Lee

(Address) 237 Myrtle Ave.

15- OCT - 4 1915 Filed....., 191.... HARRY O. ANDREWS, Registrar.

Burial Permit Slot

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 2, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 1915, to Oct 1st 1915, that I saw her alive on Oct 1st 1915, and that death occurred, on the date stated above, at 7:15 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(Duration) ...yrs...mos...da.

CONTRIBUTORY (Secondary) un known

(Duration) ...yrs...mos...da.

(Signed) D. E. Campbell M. D.

Oct 2nd, 1915. (Address) 1129 N Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...da. In the State ...yrs...mos...da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn Cem	Oct 5, 1915
20-UNDERTAKER	ADDRESS
Charles E Jones	1118 N Carey

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88625

REGISTERED NO. C 5779

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Jones

(Residence in Baltimore: No. 1409 Jefferson Street St.: 10 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): married

6-DATE OF BIRTH, June 7, 1851 (Month) (Day) (Year)

7-AGE, 64 yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): U.S. Md

PARENTS.

10-NAME OF FATHER: Jean Church

11-BIRTHPLACE OF FATHER (State or Country): md

12-MAIDEN NAME OF MOTHER: Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country): md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hosp

15- Filed OCT - 4 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 3, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 3 1915, to October 3 1915, that I saw h[illegible] alive on October 3 1915, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Tubercular meningitis

Contributory pneumonia

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) Paul V. Clough M.D.

Oct. 3, 191.5. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State 10 yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1429 Jefferson St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Oct 5, 1915

20-UNDERTAKER Charles B. Jones — ADDRESS 1113 N. Carey

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

8 C88626

HEALTH DEPARTMENT—CITY OF BALTIMORE

42 C88626

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Skin & Cancer Hospital

CITY OF BALTIMORE: (No. 200 W 21st ST.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Coleman

(Residence in Baltimore: No. 726 McCulloh St.; 2 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Feb 14, 1869. (Month) (Day) (Year)

7-AGE, 46 yrs. 7 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) South Africa

PARENTS.

10-NAME OF FATHER, John Bethune

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Elizabeth Morton

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine Ballou

(Address) 200 W. 21st St.

15- Filed OCT - 4 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1915, to Oct 2 1915, that I saw h[illegible] alive on Oct 1 1915, and that death occurred, on the date stated above, at 10:40 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Geo. H. Corner M. D.

Oct. 2, 1915. (Address) 100 W 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State 3 yrs. mos. ds.

Where was disease contracted, if not at place of death? First Symptom Where Ca

Former or usual residence 726 McCulloh

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Pine Lawn	Oct 4, 191...
20-UNDERTAKER	ADDRESS
W. M. Campbell	Carroll Co.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

688627

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

REGISTERED No. C 8862 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 Presstman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Loosan

(Residence in Baltimore: No. 1323 Presstman St.; ..... yrs., 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 5 (Day), 1915 (Year)

7-AGE, ... yrs. 1 mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Gaskins

11-BIRTHPLACE OF FATHER (State or Country), Northumberland Co Va

12-MAIDEN NAME OF MOTHER Eliza Loosan

13-BIRTHPLACE OF MOTHER (State or Country) Northumberland Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Loosan

(Address) 1323 Presstman

15-

Filed OCT - 4 1915, 191.... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29th 1915, to Oct 1st 1915, that I saw her alive on Oct 1st 1915, and that death occurred, on the date stated above, at 4 PM m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. C. Campbell M. D.

Oct 2, 1915. (Address) 1369 Mary St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Zion	Oct 4, 1915
20-UNDERTAKER	ADDRESS
James H. Dennis	1324 Pennsylvania Ave

important. See instructions on back of certificate.

Spec.—5-29-13—M. & T.—500 Bks.

C88628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C88628

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 528 (St.) Brune (Ward) 19

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mary & Harry Chesley

(Residence in Baltimore: No. 528 Brune St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 3 (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day. 2 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry Chesley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Chesley

(Address) 528 Brune

15- Filed OCT - 4 1915, 191... HARRY O. ANDREWS, Registrar. Burial Permit Nr.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3 1915, to Oct 3 1915, that I saw him alive on Oct 3 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth

6½ months

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo W Kemmerer M. D.

....., 191... (Address) 505 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Cemetery — DATE OF BURIAL, Oct. 4..., 1915

20-UNDERTAKER John F. Owens — ADDRESS 1122 Hanover St

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2310 N. Calvert ST.: 17 WARD)

2-FULL NAME Rebecca E. Leary

(Residence in Baltimore: No. 2310 N. Calvert

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs. 4 mos. 9 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feby October 9th, 1836 (Month) (Day) (Year)

7-AGE, 79 yrs. 7 mos. 27 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS:

10-NAME OF FATHER, James W. Horton

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine B. Mathews

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Leary

(Address) 2508 Elmwood Ave

15- OCT - 4 1915 FILED ....., 191.....

ROBERT . KRAUTH Special Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 4th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (old age)

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(Duration) ....yrs. ....mos. ....da.

(Signed) Wm. M. Savage M. D. (Coroner.)

Oct 4, 1915. (Address) 1734 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loraine Cemetery

DATE OF BURIAL, Oct. 6th, 1915

UNDERTAKER E. M. Mitchell & Co.

ADDRESS 201 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88630

CERTIFICATE OF DEATH.

1915 C88630

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hospital St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie E. Crosby

(Residence in Baltimore: No. 528 E 21st St.; ..... yrs., ... mos. ..... ds.)

Wife

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. (Month) ..... (Day) ....., 1864 (Year)

7-AGE, 50 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, B. H. Turner

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Wilkes

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Crosby

(Address) 528 E. 21st Street

15- Filed OCT. 4 1915 HUBERT F. BRAUTIGAM Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 3 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1915, to Oct 31 1915, that I saw h[illegible] alive on Oct 3 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Myocarditis

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Uraemia Coma

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Howard Donald M. D.

10/2, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 528 E. 21st

19-PLACE OF BURIAL OR REMOVAL. Loudon Park. DATE OF BURIAL. Oct 5, 1915

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 1218 W. Fayette

important. See instructions on back of certificate.

John H. Love.

C88631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C88631

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2033 Hollins St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John H Love

(Residence in Baltimore: No. 2033 Hollins St.; 71e yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Aug 4th 1874 (Month) (Day) (Year)

7 AGE: 41 yrs. One mos. 25 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md Balto

PARENTS

10 NAME OF FATHER: Geo W Love

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Spurrier

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Love

(Address) 2033 Hollins

15 [illegible] ROBERT . BRAUTE... Burial Permit Clerk

FILED OCT - 4 1915 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 4th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1915, to Oct 4th 1915, that I saw him alive on Oct 3d, 1915, and that death occurred, on the date stated above, at 515 a.m.
The CAUSE OF DEATH* was as follows:

Meniy's Encephalitis
Chronic

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) V Van Williams M. D.

Oct 4, 1915 (Address) 601 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 6 1915

20 UNDERTAKER: E. McCormick ADDRESS: 1931 W. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C8632

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 C8632

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1016 N Bond ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louis Mirsch

(Residence in Baltimore: No. 1016 N. Bond St.: Same yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6 DATE OF BIRTH Dec 10 (Month) (Day), 1837 (Year)

7 AGE 77 yrs. 9 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Baltimore

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (State or country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Mirsch

(Address) 1016 N. Bond St

15 OCT - 4 1915. Filed ....., 191.... ROBERT J. BRAUTER Vital Records Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct (Month) 2nd (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 27th, 1915, to Oct 2nd 1915, that I saw h[illegible] alive on Oct 1st 1915, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Diffuse Bronchitis

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY) [illegible]

(Duration) yrs. mos. ds.

Signed [illegible] M. D.

Oct 2nd, 1915 (Address) 1501 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Oct 5, 1915

20 UNDERTAKER Harry Lutz — ADDRESS 1007 N. Bond St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88633

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 14 WARD) REGISTERED No. C 151 C88633

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Nemphos

(Residence in Baltimore: No. 2227 Pennsylvania Ave St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, September (Month) 29 (Day), 1915 (Year)

7-AGE, ...yrs. mon. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Nemphos

11-BIRTHPLACE OF FATHER (State or Country), Greece

12-MAIDEN NAME OF MOTHER Mary Cranata

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-

Filed OCT. 4 1915 191... JOHNS HOPKINS HOSPITAL Registrar. Commissioner of Health.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1915, to Sept 30 1915, that I saw him alive on September 30 1915, and that death occurred, on the date stated above, at 2.20 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity
(Apparently a 6 months foetus)

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) G. F. Lucas M. D.

Sept 30, 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2227 Pennsylvania Ave

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL. DATE OF BURIAL, OCT 2 1915, 191...

20-UNDERTAKER ADDRESS

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate. Error in entry of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C88634

C88634

CERTIFICATE OF DEATH.

428

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar Mitchell

(Residence in Baltimore: No. (Home) Cincinnati 6 St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., 1894
(Month) (Day) (Year)

7-AGE, 21 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Louisiana

PARENTS.

10-NAME OF FATHER, Frank Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Louisiana

12-MAIDEN NAME OF MOTHER Henretta Fuller

13-BIRTHPLACE OF MOTHER (State or Country), Louisiana

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- OCT - 4 1915 Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9/28/15, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9/10 1915, to 9/29 1915, that I saw h alive on 9/29/15 191, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

..... (Duration)...1...yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)...1...yrs.....mos.....ds.

(Signed) H Wilson M. D.

10/1, 191.5 (Address) Emergency Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Cincinnati

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, OCT. 2 1915, 191...

20-UNDERTAKER ADDRESS

Per. Wm. E. WOODALL.

Special Permit Clerk

CITY OF MARYLAND.

Commissioner

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

...se property entrusted. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C88635 152 C88635

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Swann

(Residence in Baltimore: No. #30 O'Brien Court, Waverly, Md. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 19, 1915. (Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Stanley Shorter

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Catherine Swann

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Miller

(Address) Johns Hopkins Hosp.

15-

Filed OCT. 4 1915 ROBT. P. BRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 29, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19 1915, to Sept. 29 1915, that I saw her alive on Sept. 29 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis - Cord Infection

(Duration) 0 yrs. 0 mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Wm. L. Miller M. D.

Sept. 29, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 10 ds. In the State 0 yrs. 0 mos. 10 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, OCT. 2 1915

20-UNDERTAKER WM. E. WOODALL. ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

Spec.—5-19-3—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88636 C88636

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3716 Hickory Ave ST.; 13 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Harrison,

(Residence in Baltimore: No. 3716 Hickory Ave. St.; 69 yrs., 8 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Jan. (Month) 8 (Day), 1846 (Year)

7-AGE, 69 yrs. 8 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Guard
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Custom House

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Joseph Harrison

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sidney Oliver

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary E. Harrison

(Address) 3716 Hickory Ave.

15- OCT - 4 1915 ROBERT . KRAUTER,
Filed ....., 191.. Burial Permits Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 3rd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17th 1915, to Oct 3rd 1915, that I saw h alive on Oct 2nd 1915, and that death occurred, on the date stated above, at 5:45 A.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Groin

Operation & Microscopic Examination
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Kidney (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) R. B. Norment M. D.

Oct 4 1915 (Address) 3543 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery DATE OF BURIAL, Oct. 6., 1915

20-UNDERTAKER Horace Burgee Son ADDRESS 3631 Falls Rd.

important. See instructions on back of certificate.

C88637

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88637

CERTIFICATE OF DEATH.

8 29

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William A. Kelly

(Residence in Baltimore: No. 1625 E. Lanvale St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 27 (Day), 1862 (Year)

7-AGE, 53 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman retail
(b) General nature of industry, business, or establishment in which employed (or employer): Jewelry

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER. James Kelly

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Ella Logan

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Kelly

(Address) 1625 E. Lanvale St.

15- Filed OCT - 4 1915, 191.. [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency
(Valvular heart disease)
(Duration) yrs. 5 mos. ds.
CONTRIBUTORY (Secondary) Thrombosis of right heart
(Duration) yrs. mos. ds.

(Signed) Wm. A. Stewart M. D. (Coroner.)

Oct 4, 1915 (Address) 1729 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? at 17 Brush Lane (Cemetery Cullman)

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Oct 6, 1915

20-UNDERTAKER Robert J. Lamb ADDRESS Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88638 C88638

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Smallwood ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Parrill

(Residence in Baltimore: No. 1810 Smallwood St., St.; 33 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married,

6-DATE OF BIRTH, unknown, (Month) 1 (Day) (Year)

7-AGE, 60 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Traveling
(b) General nature of industry, business, or establishment in which employed (or employer): Jewelry salesman,

9-BIRTHPLACE, (State or Country). Austria,

PARENTS.

10-NAME OF FATHER, Samuel Parrill

11-BIRTHPLACE OF FATHER (State or Country), Austria,

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Austria,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Parrill,

(Address) New York.

15- Filed OCT - 4 1915, 191 HENRY KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 3rd (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1915, to Oct 2nd 1915, that I saw h[illegible] alive on Oct 2nd 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harris Goldman M. D.

Oct 3, 191 5 (Address) 1816 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto. Hebrew, DATE OF BURIAL. Oct. 5th, 1915

20-UNDERTAKER David Goodheim ADDRESS 1182 W. Pratt St.

important. See instructions on back of certificate.

Spec.—5-10-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

88639

CERTIFICATE OF DEATH.

50 (88639)

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 W Pratt ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mutz (Mink)

(Residence in Baltimore: No. 2003 W Pratt St.; 22 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 14, 1865 (Month) (Day) (Year)

7-AGE, 49 yrs. 9 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Kruse

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Knull

(Address) 917 Columbia Ave

15- OCT - 5 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 4, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 25 1915, to Oct 4th 1915, that I saw h— alive on Oct 3 1915, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Carbuncle back neck

(Duration) yrs. mos. 10 ds.

(Signed) Geo. Ullman M. D.

Oct 5, 1915. (Address) 22 W Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem.

DATE OF BURIAL, Oct 6, 191...

20-UNDERTAKER Knull & Son

ADDRESS 7291 W Ave

important. See instructions on back of certificate.

Spec —5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88640 C88640

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1136 Riverside Ave ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thomas Richardson

(Residence in Baltimore: No. 1136 Riverside Ave St.: 50 yrs., 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: August 6, 1865 (Month) (Day) (Year)

7-AGE: 50 yrs. 1 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Joiner
(b) General nature of industry business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto City Maryland

PARENTS.

10-NAME OF FATHER: Thos. Turner Richardson

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Susan Jane Grubbs

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Clara Richardson

(Address) 1136 Riverside ave

15 OCT - 5 1915. HARRY C. ARGABRIGHT, Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October 3rd, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1915, to Oct 3rd 1915, that I saw him alive on Oct 3rd 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:-

Fibroid and Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

(Signed) L. F. Baxter M. D.

Oct 5, 1915. (Address) 201 E Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill DATE OF BURIAL: 10-6-15, 1915

20-UNDERTAKER: E. B. Hale ADDRESS: 115 E Madison St

CAUSE OF DEATH must be plainly written, and may be properly certified to by any physician who was in attendance during the last illness of deceased. Every question must be answered if possible. Information is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88641

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88641

CERTIFICATE OF DEATH.

8 81

REGISTERED No. C_____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Pait Ave ST.;) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl F. Engroth

(Residence in Baltimore: No. 2500 Pait Ave St.; 35 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, March 11th, 1840
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
75 yrs. 6 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Carl Engroth

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Amelia Lens

(Address) 2500 Pait Ave

15- Filed OCT - 5 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 2, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 3 1915, to October 2 1915, that I saw him alive on October 2 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(Duration) yrs. mos. Unk. da.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. da.

(Signed) H. Jaworzeski M. D.

October 2, 191.5 (Address) 3431 Pait St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
1st Evangelical Cem	Oct 5, 1915
20-UNDERTAKER	ADDRESS
H. Vander Horn	1111 Read St.

important. See instructions on back of certificate.

Size—5-19-13—M. & T.—500 Blks.

C88642

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88642

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1152 Russell ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Steinhart

(Residence in Baltimore: No. 1152 Russell St.; yrs. 1 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, August (Month), 9 (Day), 1915 (Year)

7-AGE, ... yrs. 1 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Morris Steinhart

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Bolotin

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Steinhart

(Address) 1152 Russell St.

15- OCT - 5 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month), 5 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1915, to Oct 5 1915, that I saw h[illegible] alive on Oct 4 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

(a) Broncho-Pneumonia

.....

.....

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. W. Vanlin M. D.

Oct 5, 1915 (Address) 122 W. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Hebrew Rosedale DATE OF BURIAL, 10/5 191 5

20-UNDERTAKER Jack Lewis ADDRESS 1419 E. Balto

CAUSE OF DEATH to be plainly written, and the answers to all questions should be full and complete. Every question is important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C88643 HEALTH DEPARTMENT—CITY OF BALTIMORE C88643

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1366 N. Carlton St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fraser Essex.

(Residence in Baltimore: No. 1366 N. Carlton St.: yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Infant

6-DATE OF BIRTH, Sept. 2, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work Infant. (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Catonsville Md.

PARENTS.

10-NAME OF FATHER, John Knorr

11-BIRTHPLACE OF FATHER (State or Country), Northumberland Va

12-MAIDEN NAME OF MOTHER Lena Essex.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Essex

(Address) 366 Carlton St

15- Filed OCT - 5 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 3, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3 1915, to Oct 3 1915, that I saw h— alive on Oct 3 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) W. H. Davis M. D.

Oct 4, 1915. (Address) 1209 Presstman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion — DATE OF BURIAL, Oct. 5., 1915

20-UNDERTAKER James H. Dennis — ADDRESS 1302 Pastman St

Duty of physician to fill out this certificate is imperative. Each statement of OCCUPATION is very important. See instructions on back of certificate.

8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1321 Argyle avenue, ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie G. Heath,

(Residence in Baltimore: No. 1321 Argyle avenue,

St.; yrs. 5 mos. de.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female,	Colored,	Married,

6-DATE OF BIRTH, March (Month) 4th (Day), 1870. (Year)

7-AGE.	If LESS than 1 day.
45 yrs. 6 mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER. George W. Lester,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Mary J. Wells,

13-BIRTHPLACE OF MOTHER (State or Country). Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Zebalon Heath, husband,

(Address) 1321 Argyle avenue.

15-OCT - 5 1915 HARRY O. ANDREWS, Vital Records Clerk.

Filed ..... 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 2nd (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental burns of 3d degree received by dress catching fire whilst lighting lamp (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs.....mos.....ds.

(Signed) J. Frederick Hempel M. D.
(Coroner.)

Oct. 4th 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Sept 2, 1915
20-UNDERTAKER	ADDRESS
Samuel T. Hemeley	518 Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C88645

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88645

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Hilmer ST.; 14 WARD)

REGISTERED No. C 79 C88645

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Maria Hammond

(Residence in Baltimore: No. 1528 Hilmer St.; 80 yrs., 8 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... Feb. (Month) 1 (Day), 1835 (Year)

7-AGE, 80 yrs. 8 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. (Balto City)

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Jennie Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella L. Hammond

(Address) 1528 Hilmer St

15- Filed OCT - 5 1915, 191... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Oct. (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 21 1915, to Oct. 3, 1915, that I saw h er alive on Oct. 3 1915, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) .... yrs. 6 mos. .... ds.

CONTRIBUTORY (Secondary) .....

(Duration) .... yrs. .... mos. .... ds.

(Signed) John D. Quinn M. D.

Oct. 5, 1915. (Address) 1507 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Sept 5, 1915

20-UNDERTAKER Samuel S. Hemsley — ADDRESS 570 Baddlest

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C88646

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C88646

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Nowicki (Novecki)

(Residence in Baltimore: No. 1720 Cole St. St.; 15 yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 4, 1899 (Month) (Day) (Year)

7-AGE, 15 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City Maryland

PARENTS.

10-NAME OF FATHER, Adam Nowicki

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Cramer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. S. Clemm MD

(Address) University Hosp

15- OCT - 5 1915 HARRY ● ANDREWS,

Filed....., 191.. Burial Permit 8101

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 4, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30 1915, to Oct. 4 1915, that I saw him alive on Oct 4 1915, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Pan Sinusitis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Septic Meningitis

(Duration) yrs. mos. 6 ds.

(Signed) G. S. Clemm M. D.

1914., 191.5 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 15 yrs. 10 mos. ds.

Where was disease contracted, if not at place of death? Former residence

Former or usual residence 1720 Cole St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Oct. 7, 1915

20-UNDERTAKER, Jos. Bloom ADDRESS 1003 Pratt

Place of death in plain terms. Do not use initials or abbreviations. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88647 HEALTH DEPARTMENT--CITY OF BALTIMORE C88647

CERTIFICATE OF DEATH

4 1PLACE OF DEATH

28 REGISTERED NO. C

CITY OF BALTIMORE (No. 1040 W. Fayette St.: 18 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Henry Keller

(Residence in Baltimore: No. 1040 W. Fayette St.: — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH October — (Month), — (Day), 1845 (Year)

7-AGE 70 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Stone cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Frederick Co. - Md.

PARENTS

10-NAME OF FATHER Charles Henry Keller

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Arnold

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Keller

(Address) 1040 W. Fayette St.

15 OCT - 5 1915 Filed, 191 HARRY [illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Oct. (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from about Oct. 3, 1915, to Oct. 3 1915.

that I saw h[illegible] alive on Oct. 1 1915.

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed) Louis Blaugh M. D.

Oct. 4, 1915 (Address) 740 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Oct. 5 1915

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

C88648

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C88648

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 903 Broom ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mackaewicz

(Residence in Baltimore: No. 903 Broom St.; 1 yrs. 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 4 (Day), 1914 (Year)

7-AGE: 1 yrs 5 mos — ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Prego Russ.

PARENTS

10-NAME OF FATHER: Lake Mackaewicz

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Mary Kuk

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mackaewicz

(Address) 228 S. Bradway

15- OCT 5 1915 BASKET & BROWNS, Burial Permit Clerks. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2, 1915, to Oct 5, 1915, that I saw h... alive on Oct 5, 1915, and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Diarrhea

(Duration) yrs. 2 mos. — ds.

Contributory (SECONDARY) Malnutrition

(Duration) yrs. 1 mos. ... ds.

(Signed), Elizabeth A. Sinclair, M. D.

Oct. 5th, 1915 [Address] 228 Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs 1 mos 2 ds.

Where was disease contracted, if not at place of death? 903 Broom St.

Former or usual residence 903 Broom St.

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cem. DATE OF BURIAL: Oct 5th 1915

20-UNDERTAKER E. Schloman & Son ADDRESS 1039 E. Hanover St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88649 C88649

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 14 WARD) REGISTERED No. C 152

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Barber

(Residence in Baltimore: No. 572 Baker St. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	black	

6-DATE OF BIRTH, Oct. 1, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 1½ ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Ernest Butler

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Beatrice Barber

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Thomas F. Barber
(Address) Mercy Hospital

15-
Filed OCT - 5 1915 [illegible] Registrar.

[illegible] BRAUER,
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1 191.., to Oct. 3 191.., that I saw h[illegible] alive on Oct 3 1915, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from cord and mucous membranes

(Duration) ....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary) Hemophilia

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Edward J. Sewell M. D.

Oct. 3, 1915 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1½ ds. In the State ....yrs. ....mos. 1½ ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence Mercy Hospital

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	OCT. 5, 1915
20-UNDERTAKER [illegible] Health.	ADDRESS

Per Wm. E. Woodall.

Cremated.

Certificate of death must be filled in plain black ink or indelible pencil, and the cause of death properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88650 53 C88650

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 3 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Peregoff

(Residence in Baltimore: No. 117 S. Bond Street St.; 3 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	White	married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1885 (Year)

7-AGE,	If LESS than 1 day,
30 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butcher
(b) General nature of industry, business, or establishment in which employed (or employer)..... Meat Store

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Joseph Peregoff

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bessie Peregoff

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Hosp.

(Address)..... Johns Hopkins Hospital

15- OCT - 5 1915 ROBERT I. KRAUTH Registrar.
Filed....., 191.....

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 5th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1915, to Oct. 5th 1915, that I saw him alive on Oct. 5th 1915, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukemia

..... (Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia Duration ..... yrs. ..... mos. 10 ds.

(Signed) P. A. Peloquin M. D.

Oct. 5th, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 10 ds. In the State 3 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 117 S. Bond Street

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 10/6, 1915

20-UNDERTAKER Jack Levin — ADDRESS 1414 E. Bal

C88651

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1258 Columbia ave ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME John D. Chance

(Residence in Baltimore: No. 1258 Columbia ave St. 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Mch (Month) 8 (Day) 1860 (Year)

7-AGE: 55 yrs. 6 mos. 26 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Paper hanger
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Talbot Co Md.

PARENTS

10-NAME OF FATHER: Samuel Chance

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Sarah E. Cox

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Ada B. Chance Her X Mark

(Address) 1258 Columbia Ave.

15- OCT - 5 1915 Filed ..... 191 ..... HOWARD ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 4 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29, 1915, to, Oct 3 1915, that I saw h[illegible] alive on Oct 3 1915, and that death occurred, on the date stated above, at 6 1/2 m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 1 yrs 5 mos 6 ds.

Contributory (SECONDARY) General Oedema

(Duration) [illegible] yrs mos. 6 ds.

(Signed) Joseph E. Spruce M D

Oct 4 1915 [Address] 1520 Hollins

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL, REMOVAL: Centreville Md DATE OF BURIAL: Oct. 6, 1915

20-UNDERTAKER: Joseph TB Cook ADDRESS: 1009 West Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Gloria Headley.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88632

C88632

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 N. Madeira St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gloria Headley

(Residence in Baltimore: No. 916 N Madeira St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. Not Known, 1 (Month) (Day) (Year)

7-AGE. 85 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country). Bohemia

PARENTS.

10-NAME OF FATHER. Mathy Headley

11-BIRTHPLACE OF FATHER (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER Barbara Reber

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Headley

(Address) 916 N Madeira St

15- OCT - 5 1915 ROBERT J. KRAUTH

Filed ....., 191.... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 4, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1915, to Oct 4 1915, that I saw h[illegible] alive on Oct 4 1915, and that death occurred, on the date stated above, at 3:20 p.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 21 ds.

(Signed) [illegible] M. D.

Oct 5, 191... (Address) 2 W Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Oct 7, 1915
20-UNDERTAKER	ADDRESS
Frank Crouch Son	190 Holland

Spec.—5-19-13—M. & T.—500 Bks.

C88653

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88653

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Nursery & Child's Hosp. REGISTERED NO. C 37

CITY OF BALTIMORE: (No. Franklin & Fulton Ave. St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Wall

(Residence in Baltimore: No. Nursery & Childs Hosp St.; ...yrs., 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Aug 23, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery & Childs Hosp.

(Address) ....

15- OCT - 5 1915 ROBERT ... Registrar.

Filed ..., 191...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1915, to Oct 4 1915, that I saw her alive on Aug 27 1915, and that death occurred, on the date stated above, at 2.20 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ...yrs. 2 mos. 11 ds.

CONTRIBUTORY (Secondary) Decomposition

(Duration) ...yrs. 1 mos. ...ds.

(Signed) Edgar B. Freudenwald M. D.

Oct 4, 1915 (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 1 mos. 7 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL Oct 6, 191...

20-UNDERTAKER George Smith ADDRESS Fayette

important. See instructions on back of certificate.

Spec—5-19-13—M. & T.—500 Blks.

Lansdale G. West

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88654

CERTIFICATE OF DEATH.

C88654

8

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Dr. St.; ST.: 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lansdale Gould West

(Residence in Baltimore: No. 114 N. Dr. St.; 2 yrs., 6 mos., 22 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Mch. 12, 1913.
(Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. 22 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Eugene L. West

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Estelle Gould

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene L. West

(Address) 114 N. Dr. St.

15-

Filed OCT - 5 1915, 191.. ROBERT J. KRAUT Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 4, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1915, to Oct. 4 1915, that I saw him alive on Oct. 3, 1915, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Acute Lobular Pneumonia (Duration) yrs. mos. 3 da.

(Signed) H. B. Wilson M. D.

Oct. 5, 1915. (Address) 1735 W. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Oct. 6, 1915
20-UNDERTAKER Jos. R. Cook	ADDRESS 600 W. Balto.

C88655 C88655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2816 Bernard ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Wilson

(Residence in Baltimore: No. 2816 Bernard St.; yrs., 1 mos. 19 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Aug. 15, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 19 da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Albert Fechreyr

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Jamie Easton Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jamie E. Wilson

(Address) 2816 Bernard

15- OCT - 6 1915 Filed ....., 191.... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 4th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition (marasmus)

(Duration) ..... yrs. 1 mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Wyatt M. Savage M. D.
(Coroner.)

Oct 5, 1915. (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Oct 5, 1915
20-UNDERTAKER Chenoweth & Son	ADDRESS Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C88656 C88656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 528 Brune ST.; 17 WARD)

2-FULL NAME Infant of Mary and Harry Chesley not Named

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 528 Brune St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 3 (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry Chesley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Chesley

(Address) 528 Brune

15-

Filed OCT - 6 1915 HARRY O. ANDREWS, CAPITAL POWELL Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to Oct 5 1915, that I saw h[im] alive on Oct 4 1915, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Premature birth

6 lbs. months

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. Hossmueller M. D.

Oct 5, 1915 (Address) 506 Harlem

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Oct 6, 1915

20-UNDERTAKER John H Owens — ADDRESS 1222 Mura

C88657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 646 N. Decker Ave ST.: 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Annie Barbara Bowes

(Residence in Baltimore: No. 646 N. Decker Ave St.: yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Aug. 10, 1879
(Month) (Day) (Year)

7-AGE, 36 yrs. 1 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm H Meyer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Maria Funk

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard S. Bowes

(Address) 646 N. Decker Ave

15 OCT - 6 1915 Filed....., 191.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 3rd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbolic Acid Poison
Suicide

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) David W. Jones M. D.
(Coroner.)

Oct 5, 1915. (Address) 216 Bonnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Oct 6, 1915
20-UNDERTAKER	**ADDRESS**
H Sandrock Sons	1214 East St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88658

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88658

CERTIFICATE OF DEATH.

8 37

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Grant

(Residence in Baltimore: No. 411 N. Durham Street St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September 20th, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Evans

11-BIRTHPLACE OF FATHER (State or Country), Irish Island, Md.

12-MAIDEN NAME OF MOTHER Grace Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Cambridge, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Rosenthal

(Address) Johns Hopkins Hospital

15- OCT - 6 1915 HARRY O. MUHLEMAN
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 3rd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 3rd 1915, to October 3rd 1915, that I saw h im alive on October 3rd 1915, and that death occurred, on the date stated above, at 8 05 p.m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. W. Rosenthal M. D.

Oct. 4th, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. 4 mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 411 N. Durham St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL.	Oct. 4....., 1915.
20-UNDERTAKER Commissioner Health.	ADDRESS

or WM. E. WOUGALL.

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

88659 (88659)

REGISTERED No. C 79

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Pulaski St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David M. Weed

(Residence in Baltimore: No. 2011 Pulaski St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Married

6-DATE OF BIRTH: September 26, 1840 (Month) (Day) (Year)

7-AGE: 75 yrs. — mos. 9 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Furniture Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): New York

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): New York

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leonard Weed

(Address) 2011 Pulaski st

15- Filed OCT - 6 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15, 191 5, to, Oct. 5 191 5, that I saw him alive on October 1 191 5, and that death occurred, on the date stated above, at 5:50 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) Not known yrs. mos. ds.

Contributory (SECONDARY) Old age

(Duration) yrs. mos. ds.

(Signed), C. W. Hoffman M. D.

Oct 6, 191 5 [Address] 2100 N. Howard Lane

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Oct 8, 1915

20-UNDERTAKER: Harry W. Ehlen ADDRESS 1944 W. Mount

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C88660

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88660

CERTIFICATE OF DEATH.

8 120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 E. Randall ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. C Baldwin

(Residence in Baltimore: No. 603 E. Randall St.; 67 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Feb. 15, 1827
(Month) (Day) (Year)

7-AGE. 88 yrs. 7 mos. 20 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Henry Baldwin

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Mary E. Curtis

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Buxton

(Address) 603 E. Randall

15-

Filed OCT - 6 1915 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 6th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 8 1915, to Oct 6th 1915, that I saw him alive on Oct 5th 1915, and that death occurred, on the date stated above, at 10. 40 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 10 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ... yrs. ... mos. ... ds.

(Signed) Otis C. B. Fowler M. D.

10/6/, 1915. (Address) 1432 William St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Jonestown Md. | DATE OF BURIAL, Oct. 8, 1915.

20-UNDERTAKER L. Fenn McCully | ADDRESS 39 E. Fort.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20 C88661

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 154 No. Lakewood Ave St. WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion S. Parsons

(Residence in Baltimore: No. 154 No. Lakewood Ave St.; 23 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November 16, 1858
(Month) (Day) (Year)

7-AGE, 56 yrs. 10 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Waterworks

9-BIRTHPLACE, (State or Country) Salisbury Md

PARENTS.

10-NAME OF FATHER, Sidney Parsons

11-BIRTHPLACE OF FATHER (State or Country) Salisbury Md

12-MAIDEN NAME OF MOTHER, Elizabeth E. Ruder

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth E. Parsons

(Address) 154 N. Lakewood Ave

15- Filed OCT - 6 1915, 191.... HARRY O. ANDREWS Burial Permit 9191
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 5th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1915, to Oct 5 1915, that I saw h.. alive on Oct 5 1915, and that death occurred, on the date stated above, at 2.45 P.m.

The CAUSE OF DEATH* was as follows:

Septicaemia following
drinking of polluted water
(as was given to me)
(Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY. (Secondary) Pulmonary Oedema
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert E. Goldstein M. D.

Oct. 5, 1915. (Address) 444 E. Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. London Park Cem — DATE OF BURIAL. Oct. 8, 1915.

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

important. See instructions on back of certificate.

C88662

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88662

CERTIFICATE OF DEATH.

1915

1-PLACE OF DEATH
CITY OF BALTIMORE (No. On train at Mt Royal Station St. 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer E Gassaway

(Residence in Baltimore: No. 2408 Orleans St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 10, 1894
(Month) (Day) (Year)

7-AGE, 20 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Jas P. Gassaway
11-BIRTHPLACE OF FATHER (State or Country): Md.
12-MAIDEN NAME OF MOTHER: Margaret Moffett
13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel P Gassaway

(Address) 2408 Orleans St

15- Filed OCT - 6 1915, 191.... DANIEL D. ADDAMS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
(Accidental)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. Wm. Jones M. D.
(Coroner)
Oct 4 1915 (Address) 413 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	Oct 7, 1915
20-UNDERTAKER Christian Miller	ADDRESS 2304 Huntingdon St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C88663 C88663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

163

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 N Wolf ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theophilus Bangs

(Residence in Baltimore: No. 1536 N Wolf St.: 70 yrs., 6 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Apr 2 (Month) (Day) 1845 (Year)

7-AGE. 70 yrs. 6 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary- Retired

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Theophilus Bangs

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Mary A Stevens

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Bangs

(Address) 1536 N Wolf St

15- Filed OCT - 6 1915 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

to France 1407 N Gay

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 4 (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 28 1915, to Oct 4 1915; that I saw h[illegible] alive on Oct 4 1915; and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH was as follows:*

Chronic Gastric Catarrh

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. 1 mos. ds.

(Signed) William F Vance M. D.

Oct 6 1915. (Address) 1407 N Gay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem

DATE OF BURIAL. Oct 6, 1915.

20-UNDERTAKER William Cook

ADDRESS 502 E North ave

important. See instructions on back of certificate.

C85661 C85661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 161 Gough ST.: 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Margaret Schniowski

(Residence in Baltimore: No. 1611 Gough St.: yrs., 33 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. May 15, 1882
(Month) (Day) (Year)

7-AGE. 33 yrs. 4 mos. 19 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country). Austria

PARENTS.

10-NAME OF FATHER, Stanislaus Polet

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Mat Kowal

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Schniowski

(Address) 1611 Gough St.

15- OCT - 6 1915 HEALTH DEPARTMENT

Filed....., 191... Burial permit 0191

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 4, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, thereon and from the evidence obtained by said inquest, found that said deceased came to...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pam Frau Poison
Suicide

(Duration)...yrs...mos...da.

CONTRIBUTORY (Secondary) Nervous Prostration

(Duration) 6 yrs. mos. da.

(Signed) D. W. Jones M. D.
(Coroner.)

Oct. 5, 1915 (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Oct. 7, 1915

20-UNDERTAKER William Faircloth — ADDRESS 1618 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88665 — CERTIFICATE OF DEATH — 120 C88665

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1360 Andre St. ST. 24 — WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Michael Meyers,

Residence in Baltimore: No. 1360 Andre St. St.; 72 yrs. ..... mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month) ....., 1 (Day) ..... (Year)

7 AGE: 70 yrs. ..... mos. ..... ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Michael Meyers

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) August Reutter

(Address) 1360 Andre St.

15. Filed OCT - 6 1915 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 6 (Month) ....., 1915 (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 3d, 1915, to Oct 6 1915, that I saw him alive on Oct 6, 1915, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Heart Disease

Unknown (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph O. Miles M. D.

Oct 6 1915 (Address) 1202 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Harrisons. — DATE OF BURIAL: Oct 8 1915

20 UNDERTAKER: M F. Sadowski — ADDRESS: 705 S. Amm St

Spec.—5-19-13—M. & T.—500 Blks.

C88666

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88666

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2534 N. Calvert ST.; 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bell O'Connor

(Residence in Baltimore: No. 2534 N. Calvert St. St.; 56 yrs., 9 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Masculine

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOW(ER)~~, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 29, 1859 (Month) (Day) (Year)

7-AGE, 56 yrs. 9 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manufacturer's Agent
(b) General nature of industry, business, or establishment in which employed (or employer): Wire Springs

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William O'Connor

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co., Md.

12-MAIDEN NAME OF MOTHER Henrietta Jaines

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. B. O'Connor Jr.

(Address) 2534 N. Calvert St.

15- Filed OCT - 6 1915, 191 ROBERT . KRAUTHER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 5th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1913, to Oct 5th 1915, that I saw h[illegible] alive on Oct 5th 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. A. Fraim M. D.

Oct 6, 1915. (Address) 12 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery; DATE OF BURIAL, Oct 7, 1915

20-UNDERTAKER John D. Turner; ADDRESS 825 N. Caroline St.

Spec.—5-19-13—M. & T.—500 Bks.

C88667

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C88667

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West End Maternity

CITY OF BALTIMORE: (No. ..... ST.: 19 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf of Anna & Louis D. Starr

(Residence in Baltimore: No. West End Maternity St.; yrs., 2 hrs mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct. (Month) 6 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 2 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Louis D. Starr

11-BIRTHPLACE OF FATHER (State or Country), Cockeysville Md

12-MAIDEN NAME OF MOTHER, Anna G. Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis D. Starr

(Address) 1423 Eldmont St

15- OCT - 6 1915 ROBERT . KRAUTER, Filed ....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct. (Month) 6 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from 2:30 am Oct. 6 1915, to 4:30 a.m. Oct. 6 1915, that I saw her alive on Oct. 6 1915, and that death occurred, on the date stated above, at 4:26 am

The CAUSE OF DEATH* was as follows:

Prematurity

6 lun mo. gestation

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Incomplete respiration and heart radiation 2 hrs.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. O'Hare M. D.

Oct. 6 ..... 191.5 (Address) 1039 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 hrs. ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence West End Maternity

19-PLACE OF BURIAL OR REMOVAL, St Alphonsus | DATE OF BURIAL, Oct. 6 ....., 191.5

20-UNDERTAKER, M. Fahey & Sons | ADDRESS 606 Lafayette

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88668

CERTIFICATE OF DEATH.

64

C88668

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 N Caroline ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza J. Porter

(Residence in Baltimore: No. 1508 N. Caroline st St.; 69 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, January (Month) ..... (Day), 1830 (Year)

7-AGE, 85 yrs. 8 mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Sarah Walker

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Robert Jones

(Address) 1508 N. Caroline st

15- OCT - 6 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1915, to Oct 5 1915, that I saw her alive on Oct 5 1915, and that death occurred, on the date stated above, at 10 40 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. Unknown mos. ....ds.

(Signed) R. T. Davis M. D.

Oct 5, 1915. (Address) 1513 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	October 8th 1915.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1102 E. Monument

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C88669

CERTIFICATE OF DEATH

C88669

8

40

1 PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 714 E Preston St.; 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Barbara Lotz

(Residence in Baltimore: No. 714 E Preston St.; 53 yrs. 8 mos. 26 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: January 28, 1862 (Month) (Day) (Year)

7 AGE: 53 yrs. 8 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Butzler

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Augusta Jungto

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Lotz

(Address) 714 E Preston st

15 Filed OCT - 6 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 4 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1915, to Oct 4, 1915, that I saw h- alive on Oct 4, 1915, and that death occurred, on the date stated above, at 1031 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma of liver +

(Duration) ..... yrs. 2 mos. 10 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Geo W Young M. D.

Oct 5, 1915. (Address) 1531 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Oct 7th, 1915

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 1116 Monument St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8670 C8670

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Silas H. Hale

(Residence in Baltimore: No. Johns Hopkins Hospital St.; yrs. 1 mos. 13 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 15 (Day), 1859 (Year)

7-AGE, 56 yrs. — mos. 20 da. If LESS than 1 day, ... hrs. or ... mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor.—
(b) General nature of industry, business, or establishment in which employed (or employer): (Electrical)

9-BIRTHPLACE, (State or Country), ~~Penn~~ Va

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam'l Hale

(Address) Murphy N.C.

15-Filed OCT - 6 1915, 191.. ROBERT . KRAUTHOFF Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 5th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 21 1915, to Oct 5 1915, that I saw him alive on Oct 5 1915, and that death occurred, on the date stated above, at 8.25 P m.

The CAUSE OF DEATH* was as follows:

Pernicious anaemia

(Duration) about 3 yrs. 4 mos. — da.

CONTRIBUTORY (Secondary) Syphilis, Bronchio-pneumonia (Duration) ... yrs. ... mos. 5 da.

(Signed) Paul W Clough M. D.

Oct 5, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. 13 da. In the State — yrs. 1 mos. 13 da.

Where was disease contracted, if not at place of death? Presumably at —

Former or usual residence Murphy, N.C.

19-PLACE OF BURIAL OR REMOVAL, Lodgeville Penn. DATE OF BURIAL, Oct 6, 1915

22-UNDERTAKER H. Allen Fuller ADDRESS 2013 E Balto St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88671

C88671

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 McCabes Court St.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mettie E Bush.

(Residence in Baltimore: No. 1201 Mc Cabes Court St.; yrs. mos. Life ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May 21st, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James C Bush.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mamie Green

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Bush

(Address) 1201 Mc Cabes Court

15- Filed OCT - 6 1915, 191.... ROBERT . KRAUTH Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~October~~ October 6th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ Sept 1 1915, to Oct 6 1915, that I saw h[illegible] alive on Oct 5 1915 and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Explanation

(Duration) yrs. mos. 2 ds.

(Signed) R L Campbell M. D.

Oct 6, 1915 (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL, 10-7, 1915

20-UNDERTAKER E & B Hasle — ADDRESS 115 E Mead St

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

088672

78

088672

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 333 Font Hill Ave ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence H. Wyshan

(Residence in Baltimore: No. 3334 Font Hill Ave.

St., 15 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March (Month), (Day), 1876 (Year)

7-AGE, 39 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stock Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Wyshan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Williamson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wyshan

(Address) 3334 Font Hill Ave

15- Filed OCT 6 1915, 191.... ROBERT . KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month), 4th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Saml. L. Bunting M. D.
(Coroner.)

Oct 6th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, Oct 7, 1915

20-UNDERTAKER Lowe Cook & Son ADDRESS

Spec.—8-24-14—M. & T.—2600 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88673 C88673

CERTIFICATE OF DEATH.

40

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1626 Madison ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Bernstein

(Residence in Baltimore: No. 1626 Madison Ave St.; 18 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. July — 1861
(Month) (Day) (Year)

7-AGE. 48 yrs. 3 mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Mordica Bernstein

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Bertha Freidgut

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1419 E Baltimore St

15- OCT - 6 1915 ROBERT . KRAUTHER,
Filed ..... 191.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 6, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Oct 6 1915, that I saw her alive on Oct 6 1915, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Uraemia
Chronic Parenchymatous Nephritis
(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Insanition
(Duration) yrs. 4 mos. ds.

(Signed) M. A. Weinberg M. D.

Oct. 6, 1915. (Address) 1807 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Friendship — DATE OF BURIAL. Oct. 7, 1915.

20-UNDERTAKER Jack Lewis — ADDRESS 1419 E Baltimore St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Stanislaus Olchowski

C88671

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88674

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Eastern Ave ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Olchowski

(Residence in Baltimore: No. 1733 Eastern Ave. St.; ..... yrs. 9 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, W. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 10 (Month) 6 (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. ..... da. If LESS than 1 day, 9 hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Born
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Martin Olchowski

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland

12-MAIDEN NAME OF MOTHER Annie Kalecki

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Olchowski

(Address) 1733 Eastern Ave

15- Filed OCT - 6 1915, 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1915, to Oct 6 1915, that I saw him alive on Oct 6th 1915, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth between
6th & seven Months duration

..... (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Thos. D. Sutbridge M. D.

10/6/15, 191... (Address) 1621 E. Baltimore Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus, DATE OF BURIAL, Oct. 7th, 1915

20-UNDERTAKER M. F. Sadowski, ADDRESS 705 S. Ann St

important. See instructions on back of certificate.

Theodore Mbournos. Dr Jones

C56873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C56873

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Pier Foot of Broadway ST., 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Mbournos

(Residence in Baltimore: No. Pier Foot of Broadway St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, [illegible] 4, 1885 (Month) (Day) (Year)

7-AGE, 29 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Fireman on Steamer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Greece

PARENTS.

10-NAME OF FATHER, Nick Mbournos

11-BIRTHPLACE OF FATHER (State or Country). Greece

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Mbournos.

(Address) 105 E Lexington

15- OCT - 6 1915 Burial Permit Issued

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 4, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) David A. Jones M. D. (Coroner.)

Oct 6, 1915. (Address) 1115 S Bond St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wood Lawn Cem — DATE OF BURIAL, Oct 7, 1915

20-UNDERTAKER William Cook — ADDRESS 592 E Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

C88676

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88676

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: Maryland General Hospital,
CITY OF BALTIMORE (No.) Linden Ave. & Madison st. St. 11 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
REGISTERED No. C

2-FULL NAME: T. Reese Arnold,
(Residence in Baltimore: No.) Non-resident,

St.; yrs., few minutes mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, February (Month) 2nd (Day), 1850. (Year)

7-AGE, 65 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Superintendant
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Bonded warehouses,

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, David Arnold,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER, Mary J. Shacklett,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Arnold, son,

(Address) Glyndon, Maryland.

15- Filed OCT - 6 1915 ROBERT . KRAUTER, Actual Deputy Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 5th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Atheromatous Myocarditis,
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) 3 yrs. mos. ds.

(Signed) J. Frederick Hempel M. D.
(Coroner.)
Oct. 5th, 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death A few minutes yrs. mos. ds. In the State 5 yrs. 4 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Glyndon, Maryland.

19-PLACE OF BURIAL OR REMOVAL, Reisterstown Cemy. DATE OF BURIAL, Oct 8, 1915.

20-UNDERTAKER J. F. Ecker ADDRESS Reisterstown Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88677 C88677

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Frederick Av ST.; 70 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F Clark

(Residence in Baltimore: No. 3023 Frederick Av

abt 40 yrs.

Se.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 20, 1866 (Month) (Day) (Year)

7-AGE, 49 yrs. 8 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Jos E Ware

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Catherine Reinick

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest F Clark

(Address) 3023 Fred Av

15- OCT - 6 1915 ROBERT . KRAUTER

Filed..... 191.. Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 5, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1 1915, to Oct 5 1915, that I saw her alive on Oct 5 1915, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast Scirrhus by †
" of Mediastinum-Shoulder
or Neck - Operation & Manipulation Error

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

Oct 6, 1915. (Address) Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem DATE OF BURIAL, Oct 7, 1915

20-UNDERTAKER Leo A Gerber ADDRESS Baltimore

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88678 C88678

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Granby ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isidor Aronow

(Residence in Baltimore: No. 1141 Granby St.; 73 yrs., — mos.— ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1841 (Year)

7-AGE, 74 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cap
(b) General nature of industry, business, or establishment in which employed (or employer)..... Mdse

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Louis Aronow

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Jessie Selsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Jack Lewis

(Address)..... 1419 E. Baltimore

15-OCT - 7 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month), 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3 1915, to Oct 6 1915, that I saw h[illegible] alive on Oct 4, 1915, and that death occurred, on the date stated above, at 7 45 m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
(Duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocarditis
(Duration) yrs. 2 mos. ds.
(Signed) O. Strauss M. D.
Oct. 6, 1915 (Address) 1222 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel DATE OF BURIAL, 10/7, 1915

20-UNDERTAKER Jack Lewis ADDRESS 1419 Eastern

CAUSE OF DEATH must be plainly filled in, so that it may be properly classified. Every blank must be filled. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C8679

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C8679

1-PLACE OF DEATH

REGISTERED No. C 5719

CITY OF BALTIMORE (No. 131 N. Eutaw St.; Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Isaac Carp

(Residence in Baltimore: No. 131 N. Eutaw St. St.: 25 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 22, 1859 (Month) (Day) (Year)

7-AGE: 56 yrs. mos. ds. If LESS than 1 day, hrs. or min ?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Grocery
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Jacob Carp Sr.

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Sarah Schwartzman

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Lewis

(Address) 1419 E. Balto St

15-

Filed OCT - 7 1915, 191

HARRY O ADAMS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 6th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sep 20, 1915, to Oct 6, 1915, that I saw him alive on October 6th, 1915 and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation & Mitral stenosis

(Duration) 5 yrs. 1 mos. ds

Contributory (SECONDARY) Cardiac Asthma

(Duration) — yrs. — mos. — ds.

(Signed) M. Lowdeerad M. D.

Oct 7, 1915 (Address) 216 N. High St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Herrin Ln — DATE OF BURIAL: 10/7, 1915

20-UNDERTAKER: Jack Lewis — ADDRESS: 1419 E Balto St

Spec.—8-14-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88680 C88680

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Saratoga ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Overton (Overton)

(Residence in Baltimore: No. 1612 Saratoga St.; ... yrs., ~ mos. ~ da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 47 yrs. ~ mos. ~ ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Chesterton Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A H Goodwin M.D

(Address) 1127 E Carrollton Ave

15- OCT - 7 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 5th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28th 1915, to Oct 4th 1915, that I saw her alive on Oct 4th 1915, and that death occurred, on the date stated above, at 6.05 a. m.

The CAUSE OF DEATH* was as follows:

Pulmo Phthisis

..... (Duration) ...yrs. 1 mon. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) A H Goodwin M. D.

10/5, 191.. (Address) 1127 E Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, Oct 8..., 1915

20-UNDERTAKER Alfred J Friedland

ADDRESS 1147 N Schroeder St

CAUSE OF DEATH must be plainly stated, and the name of disease used must be such as is considered a disease by the medical profession. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88681 — 37 — C88681

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Gray

(Residence in Baltimore: No. 1129 W. Saratoga St.; yrs. 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) 21 (Day), 1914 (Year)

7-AGE, ...yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, William Gray

11-BIRTHPLACE OF FATHER (State or Country), Balt Md

12-MAIDEN NAME OF MOTHER Gray Gray

13-BIRTHPLACE OF MOTHER (State or Country), Rhode Island

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles A. Remy

(Address) 1038 W. Lexington St

15- Filed OCT - 7 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 6th (Day); 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 2nd 1915, to Oct. 6th 1915, that I saw him alive on Oct. 6th 1915, and that death occurred, on the date stated above, at 6.15 m.

The CAUSE OF DEATH* was as follows:

Hereditary Syphilis

(Duration) ? yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Frank E Shipley M. D.

Oct 6th, 1915. (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. 1 mos. 15 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1129 W Saratoga St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Oct. 7..., 1915

20-UNDERTAKER John H Owens — ADDRESS 1212 Druid

IMPORTANT. See instructions on back of certificate. Failure to give prompt and correct information may be a misdemeanor. Every statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C88682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C88682

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 891 Boyd ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Hunter

(Residence in Baltimore: No. 891 Boyd St.; 44 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1878 (Year)

7-AGE, 37 yrs. — mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), md (Balto City)

PARENTS.

10-NAME OF FATHER, Chas Morsell

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Emily Wilson

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Morsell

(Address) 891 Boyd st

15- Filed OCT 7 1915, 191... HARRY D. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11 1915, to Oct 5 1915, that I saw h Sr alive on Oct 4 1915, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Pernicious Nephritis

(Duration) yrs. 3 mos. ? ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) H. E. McCard M. D.

10/6, 1915. (Address) 1005 Dolphin Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Oct 8, 1915

20-UNDERTAKER Alfred J. Frederick ADDRESS 114 N Schroeder St.

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61

C88683

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 Portland St.; 22 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleonora Jamulis (Jomuds)

(Residence in Baltimore: No. 645 Portland St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Femal

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 26, 1914
(Month) (Day) (Year)

7-AGE, ... yrs. 9 mos. 12 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Chas Jamuska

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Beinte

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Jamuska

(Address) 645 Portland St

15- OCT - 7 1915 HARRY D ANDREWS

Filed ..., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 6, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Oct 6 1915, that I saw h— alive on " 6 1915; and that death occurred, on the date stated above, at A m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. J. Obenton M. D.

Oct 6, 191.5. (Address) 16 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct. 7, 191...

20-UNDERTAKER John Grebliunas — ADDRESS 520 S. Broad St

CAUSE OF DEATH to be plain terms, so that any one may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88684

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 28

C88684

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Enos Mitchell

(Residence in Baltimore: No..... St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 9th (Day), 1891 (Year)

7-AGE: 24 yrs. 3 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: General
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE (State or country): Talbott Co. Md.

PARENTS

10-NAME OF FATHER: Wesley Thomas

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Ellen A. Mitchell

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. P. Hamil Asst.

(Address) Md. Penitentiary

15- Filed OCT - 7 1915 191

HARRY D. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 5 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 6, 1915, to, October 5 1915, that I saw him alive on October 5 1915, and that death occurred, on the date stated above, at 8.05 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage
from Tuberculosis

(Duration) 1 yrs — mos. — ds.

Contributory (SECONDARY) Lobar Pneumonia

(Duration) yrs 1 mos. ds.

(Signed) William F. Schwartz M. D.

October 6, 1915 [Address] Md. Penitentiary

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 2 yrs 10 mos 1 ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence St. Michaels, Talbott Co. Md.

19-PLACE OF BURIAL OR REMOVAL: St Michaels Md — DATE OF BURIAL: Oct 7 1915

20-UNDERTAKER: Jahrens & Co — ADDRESS: 1611 Madison

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C88685 C88685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Margrave

(Residence in Baltimore: No. 306 Harwood Alley St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, ... (Month) Aug 10 (Day), 1869 (Year)

7-AGE, 46 yrs. 1 mos. 24 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Louis Lane

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Lane

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mercy Hosp.

(Address)..... Calvert St.

15- OCT - 7 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Oct 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3 1915, to Oct 5 1915, that I saw h[illegible] alive on Oct 5 1915, and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

..... a. Pneumonia

..... (Duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Dent M. D.

Oct 5, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 30 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 306 Harwood Alley

Former or usual residence 306 Harwood Alley

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	OCT. 6 1915
20-UNDERTAKER Commissioner Health	ADDRESS

FOR ANATOMICAL PURPOSES.

Should this certificate be found imperfectly filled out, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88685

HEALTH DEPARTMENT—CITY OF BALTIMORE

172

C88685

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1205 Jenkins alley, ST.: 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Nash,

(Residence in Baltimore: No. 1205 Jenkins alley, St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE. Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, March (Month) 10th (Day), 1872. (Year)

7-AGE, 43 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver,
(b) General nature of industry, business, or establishment in which employed (or employer): Stone wagon,

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER. Frank Nash,

11-BIRTHPLACE OF FATHER (State or Country). Virginia,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country). Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Nash, wife,

(Address) 1321 N. Chapel street,

15- FILED OCT - 7 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 31 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull-produced by an accidental fall from porch rail,

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kemp M. D. (Coroner.)

Oct. 4, 191.5 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery, DATE OF BURIAL, Oct 7, 19.15

20-UNDERTAKER Robert A. Elliott. ADDRESS 506 Rogers Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C8687

79 C8687

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clyde Dunsons

(Residence in Baltimore: No. 629 N. Paca St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: Black | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... Not known (Month) (Day) 1888 (Year)

7-AGE, 27 yrs. — mos. — ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hostler
(b) General nature of industry, business, or establishment in which employed (or employer): Livery Stable

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph Dunson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Caroline Woodyard

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ford Mercy Hosp
(Address) Calvert St

15-
Filed OCT - 7 1915 1915 Burial Permit 8107
HARRY D. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 5, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 27 1915, to Oct 5 1915, that I saw him alive on Oct 5 1915 and that death occurred, on the date stated above, at 6.50 p.m.

The CAUSE OF DEATH* was as follows:
Mitral Regurgitation
Did not know
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ?
..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L. Smith M. D.
Oct 5, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 2 ds. In the State 27 yrs. — mos. — ds.
Where was disease contracted, if not at place of death? 629 N. Paca St.
Former or usual residence 629 N. Paca St.

19-PLACE OF BURIAL OR REMOVAL, Linwood Station | DATE OF BURIAL, Oct 7 1915

20-UNDERTAKER Carroll Co. Md ADDRESS John H. Toadvine 142 W. Pratt St

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88683 C88683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1737 Canton Ave St. V WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Williams

(Residence in Baltimore: No. 1737 Canton ave St.; 4 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Aug 4, (Month) (Day) 1891 (Year)

7-AGE, 24 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Pad Maker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md Balto City

PARENTS.

10-NAME OF FATHER, John Williams

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Martha Turner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Williams

(Address) 1737 Canton ave

15-

Filed OCT - 7 1915 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 4, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 13 1915, to Oct 4 1915, that I saw h alive on 1915, and that death occurred on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebro Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Typhoid fever

(Duration) yrs. mos. ds.

(Signed) M. D.

Oct 4, 1915. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Cemetery DATE OF BURIAL, Oct 4, 1915

20-UNDERTAKER John A Ward ADDRESS Bank & Aisquith sts

Directions.—Fill out all items, so far as they can be obtained. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114

C88689

1 PLACE OF DEATH — Registered No. C

City of Baltimore (No. 1803 W. North Ave St.: 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Dr. Irving Standiford

(Residence in Baltimore: No. 1803 W. North ave St.: 8 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Feb (Month) 6th (Day), 1865 (Year)

7 AGE: 50 yrs. 7 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Dentist
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Newmarket, Md

PARENTS

10 NAME OF FATHER: James Standiford

11 BIRTHPLACE OF FATHER (State or country): ———

12 MAIDEN NAME OF MOTHER: Sarah Lowe

13 BIRTHPLACE OF MOTHER (State or country): Newmarket, Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Clara Standiford

(Address) 1803 W. North Ave

15 Filed OCT – 7 1915 HARRY D. ANDREWS Burial Permit 9105 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 4th (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1915, to Oct 4th 1915, that I saw him alive on Oct 4th, 1915, and that death occurred, on the date stated above, at 10.15 P.M.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart

(Duration) yrs. mos. ds

Contributory (SECONDARY) Gall Stone Colic

about 2 years (Duration) yrs. mos. ds.

(Signed) Amelia V. Zimmerman M. D.

Oct 6th, 1915 (Address) 1805 W North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lorraine Cem — DATE OF BURIAL: Oct. 7, 1915

20 UNDERTAKER: Wm. J. Ricketts & Son — ADDRESS: Mott & Penn

Spec.—8-24-14—M. & T.—2000 Bks.

C88690

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88690

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2529 W Fayette ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Williams Eugene Gibbons

(Residence in Baltimore: No. 2529 W Fayette St.; 27 yrs., 7 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Dec 16, 1887 (Month) (Day) (Year)

7-AGE: 27 yrs. 9 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): City

PARENTS.

10-NAME OF FATHER: J McLean Gibbons

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Olga Svanen

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wattson

(Address) 2529 W Fayette

15- OCT - 7 1915 HARRY O ANDREWS, Filed....., 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 4, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1915, to Oct 4 1915, that I saw h im alive on Oct 4 1915, and that death occurred, on the date stated above, at about 7 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) .... yrs. .... mos. 8 ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(Duration) 1½ yrs. .... mos. .... ds.

(Signed) M Bowman Hood M. D.

Oct 5, 1915. (Address) 626 N Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Oct 7, 1915

20-UNDERTAKER: Wm J Tickner & Son

ADDRESS: North Ave

CAUSE OF DEATH must be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88691

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Daniels

(Residence in Baltimore: No. 839 Franklin St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1888
(Month) (Day) (Year)

7-AGE, 27 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Henry Daniels

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Caroline Burkstil

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. J. Smith

(Address) Johns Hopkins Hospital

15-

Filed OCT 7 1915, 191.... HARRY O. ANDREWS, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1915, to Oct 4 1915, that I saw h m alive on October 4 1915, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ..... yrs. ..... mos. 27 ds.

CONTRIBUTORY (Secondary) Bowel Perforation (Duration) ..... yrs. ..... mos. 1/2 ds.

(Signed) R. D. McClure M. D.

Oct 5, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 ds. In the State 16 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 839 Franklin Street

19-PLACE OF BURIAL OR REMOVAL, Laurel County — DATE OF BURIAL, Oct 7, 1915

20-UNDERTAKER Feltz & Bye — ADDRESS 1012 E. Baltimore

CAUSE OF DEATH to be plainly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-24-14—M. & T.—2000 Blks.

C86692

HEALTH DEPARTMENT—CITY OF BALTIMORE

C86692

CERTIFICATE OF DEATH.

x 120 114

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse Hennaman

(Residence in Baltimore: No. Md Gen Hospital St.; — yrs. — mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, October (Month) 2 (Day), 1867 (Year)

7-AGE, 48 yrs. 0 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Gen Store

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Hennaman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary L. Hennaman

(Address) Towson, Md.

15- OCT - 7 1915 DAN'L J. KELLY

Filed....., 191.... Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 7th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 30 1915, to Oct 7th 1915, that I saw him alive on Oct. 7th 1915, and that death occurred, on the date stated above, at 6.35 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Parenchymatous Nephritis (Duration) ... yrs. ? mos. ? ds.

(Signed) Frank E Shipley M. D.

Oct 7th, 1915. (Address) Md. Gen Hospl

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 8 ds. In the State ? yrs. ? mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Quitman, Ga.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, 10 Oct 1915

20-UNDERTAKER Stewart & Morris

ADDRESS Oct 9/15

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C58693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C58693

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 211 Mc Comas ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter J. Feeney

(Residence in Baltimore: No. 211 Mc Comas 40 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.) widower

6-DATE OF BIRTH, July 3, 1863
(Month) (Day) (Year)

7-AGE, 52 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER James Feeney

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Anne McNamara

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James J. Feeney

(Address) 211 Mc Comas

15- OCT - 7 1915 HARRY D ANDREWS, Burial Permit Clerk.

Filed ....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 6, 191..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Phthisis Pulmonalis

..... Acute

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

Oct 7, 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct 7, 19..

20-UNDERTAKER Williams Cook — ADDRESS 502 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88694 C88694

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 848 Reinhart ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME Edna Estell Gorth

(Residence in Baltimore: No. 848 Reinhart St.; 1/12 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 7 (Day), 1915 (Year)

7-AGE, yrs. 6 mos. 29 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frederick Gorth

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Edith Mooney

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred. Gorth

(Address) 848 Reinhart St.

15. Filed OCT - 7 1915 HARRY O ANDREWS, 191. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 5 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 22, 1915, to Oct. 5 1915, that I saw her alive on Oct. 3, 1915, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exanition

(Duration) yrs. mos. ds.

(Signed) J. G. Zimmerlein, M. D.

Oct. 5, 1915. (Address) 645 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Oct. 7, 1915.

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88695

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C88695

8

1 PLACE OF DEATH — CITY OF BALTIMORE (No. 1110 Whiteford- St.) 16 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Roland Harris

(Residence in Baltimore: No. 1110 Whiteford St.: 1 yrs. 7 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Col	Single

6 DATE OF BIRTH Feb 16, 1915 (Month) (Day) (Year)

7 AGE ..... yrs. 7 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Thomas Harris

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Susie Gray

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susie Roland

(Address) 1110 Whiteford St.

15. Filed OCT - 7 1915, 191 HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 6, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1915, to Oct 7 1915, that I saw h[illegible] alive on Oct 7, 1915, and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) asphyxia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) T. E Daugherty M. D.

Oct 7, 1915 (Address) 1602 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: [illegible] Auburn — DATE OF BURIAL: Oct 8, 1915

20 UNDERTAKER: James H Dennis — ADDRESS: Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Eks.

C88696

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88696

CERTIFICATE OF DEATH.

28

D

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 McMechen ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J Smith

(Residence in Baltimore: No. 527 McMechen St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH: Mar 6 (Month), 1890 (Year)

7-AGE: 25 yrs. 7 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Store Mate
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Louisiana

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nora M. Graff

(Address) 545 McMechen

15- Filed OCT - 7 1915, 191.... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 6 (Month) (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 24 1915, to Oct 6 1915, that I saw h[illegible] alive on Oct 6 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary

(Duration) ....yrs. ....mos. ....ds.

(Signed) Dr. Chas. F. Chaulk M.D.

Oct 6, 191... (Address) 545 McMechen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Oct 8, 1915
20-UNDERTAKER	ADDRESS
James H Dennis	1303 Division

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8697 C8697

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. (St.) 17 (WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget White

(Residence in Baltimore: No. 411 E. 20th St. St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1869 (Year)

7-AGE, ... yrs. 46 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Michael Patterson

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Ann Lyons.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. J. White

(Address) 411 E. 20th St.

15 OCT - 7 1915 HARRY M. ANDREWS, Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 28 1915, to Oct 6 1915, that I saw h er alive on Aug 6 1915, and that death occurred, on the date stated above, at 2.45 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ....., mos. 45 ds.

CONTRIBUTORY (Secondary) Toxemia

..... (Duration) ..... yrs. ..... mos. 45 ds.

(Signed) H. H. Hagner M. D.

Oct 6, 1915. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 45 ds. In the State 30 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 411 E. 20th St.

Former or usual residence 411 E. 20th St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Oct 7, 191...

20-UNDERTAKER E. A. Kreidler & Son

ADDRESS 1...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88698 C88698

CERTIFICATE OF DEATH.

x 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine R. Lockwood

(Residence in ~~Baltimore~~: No. Mercy Hospital St.; yrs., 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Oct 1, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 0 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Delaware

PARENTS.

10-NAME OF FATHER. John A. Lockwood

11-BIRTHPLACE OF FATHER (State or Country), Del.

12-MAIDEN NAME OF MOTHER Julia McLean

13-BIRTHPLACE OF MOTHER (State or Country), Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert St.

15- Filed OCT - 7 1915, 191.... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 31 1915, to Oct 6 1915, that I saw h[illegible] alive on Oct 6 1915, and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

(a) Chronic Parenchymatous Nephritis

(Duration) Uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 5 ds.

(Signed) Edward D. Smith M. D.

Oct 6, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 6 ds. In the State Uncertain yrs. mos. ds.

Where was disease contracted, if not at place of death? New Windsor Md

Former or usual residence New Windsor Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Oct 8th, 1915

20-UNDERTAKER Wm Jenkins & Sons Co ADDRESS 1 McCulloh St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Frank Levin
C88693

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88693

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Levin
(Residence in Baltimore: No. 509 Bradford St. St.; 1 yrs., 7 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 26, 1914.
(Month) (Day) (Year)

7-AGE, ...yrs. 19 mos. 11 ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md (City)

PARENTS.

10-NAME OF FATHER, John Levin

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sophie Miller

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) P. Phelps
(Address) Johns Hopkins Hosp

15- Filed OCT - 7 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 7, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1915, to Oct 7, 1915, that I saw h[illegible] alive on Oct 7, 1915, and that death occurred, on the date stated above, at 10½ a. m.

The CAUSE OF DEATH* was as follows:
Intestinal indigestion acute
(Duration) ....yrs. ....mos. 24 ds.
CONTRIBUTORY (Secondary) —
(Duration) ....yrs. —mos. ....ds.
(Signed) Gilbert W Rosenthal M. D.
Oct. 7, 1915 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. — mos. ....ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 509 Bradford St.

19-PLACE OF BURIAL OR REMOVAL, H. Hamsphus. DATE OF BURIAL, Oct 8, 191.5

20-UNDERTAKER M F Sadowski. ADDRESS 705 S Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88700 113 C88700

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N Chapel ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Bobart

(Residence in Baltimore: No. 113 N Chapel St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, December 24, 1862
(Month) (Day) (Year)

7-AGE, 52 yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Box Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas H Bobart

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sahara E Evans

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bobart

(Address) 113 N Chapel

15- OCT - 7 1915 ROBERT . KRAETER,

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 5, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21st 1914, to Oct 5th 1915, that I saw h[im] alive on Oct. 4th 1915, and that death occurred, on the date stated above, at 1:15 a.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver
incoherent.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. W. Athey M. D.

Oct 5, 1915. (Address) 1005 Pattern Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cat Lawn	Oct 6, 191..
20-UNDERTAKER	ADDRESS
Mundell Byfield & Son	37 S Paca

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8870 C8870

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Eastern Ave St. 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin A. Cuneo

(Residence in Baltimore: No. 802 Eastern Ave. St.; - yrs., - mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept. (Month) 23 (Day), 1915 (Year)

7-AGE, - yrs. - mos. 14 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Louis F. Cuneo

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Dos. Armiger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis F. Cuneo

(Address) 802 Eastern Ave.

15- OCT - 7 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 7th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1916, to Oct 7 1915; that I saw h[illegible] alive on Oct 7 1915, and that death occurred, on the date stated above, at 1:25 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Weakness

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

Oct 7, 1915 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery DATE OF BURIAL, Oct 7, 1915

20-UNDERTAKER Wendell Ruffel Do ADDRESS 373 N

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C58702

HEALTH DEPARTMENT—CITY OF BALTIMORE

C58702

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Hahnemann General Hospital, 1122 North Mount street, ST. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Holden,

(Residence in Baltimore: No. 1500 Myrtle avenue,

35

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, September (Month) 8th (Day), 1871 (Year).

7-AGE, 44 yrs. 0 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day laborer,
(b) General nature of industry, business, or establishment in which employed (or employer): City sewers,

9-BIRTHPLACE, (State or Country), Ireland,

PARENTS.

10-NAME OF FATHER, James Holden,

11-BIRTHPLACE OF FATHER (State or Country), Ireland,

12-MAIDEN NAME OF MOTHER Marie Hanlon,

13-BIRTHPLACE OF MOTHER (State or Country), Ireland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Holden, brother,

(Address) 420 E. Biddle street.

15- OCT - 7 1915 ROBERT . KRAUTER

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 5th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock and internal injuries caused by leaping from a third-story window of his dwelling whilst in delirium, (Duration) yrs. 2 hours, ds.

CONTRIBUTORY (Secondary) Delirium tremens, (Duration) yrs. mos. 2 ds.

(Signed) J. Frederick Kemp M. D. (Coroner.)

Oct. 6th 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 hours ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1500 Myrtle avenue.

Former or usual residence 1500 Myrtle avenue.

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Oct 8, 1915.

20-UNDERTAKER M Faherty & Sons

ADDRESS 26 Lafayette

CARE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88703 — 138 — C88703

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp. St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Babil

(Residence in Baltimore: No. University Hospital St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, July (Month) 6 (Day), 1888 (Year)

7-AGE, 27 yrs. 3 mos. — ds.
If LESS than 1 day, — hrs. or — min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Rauch Walker.
11-BIRTHPLACE OF FATHER (State or Country), Maryland.
12-MAIDEN NAME OF MOTHER Amanda Doe.
13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John Taylor
(Address) Annapolis Md

15- Filed OCT - 7 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) — 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-6-1915, to 10-7-1915, that I saw h[illegible] alive on 10-7-1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

I Cerebral

(Duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) P L Clark M. D.

10-7, 1915. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. [illegible] mos. 1 ds. In the State 27 yrs. 3 mos. — ds.

Where was disease contracted, if not at place of death? Gambrill Md.

Former or usual residence Gambrill Md.

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md — DATE OF BURIAL, Oct 7, 191 5

20-UNDERTAKER Geo M Frick — ADDRESS 811 W Mo[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 088704 — 91 088704

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 415 N Pine ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Mercer

(Residence in Baltimore: No. 415 N Pine St.: yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, May 05, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 05 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Dorsey Mercer

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Sadie Garner

13-BIRTHPLACE OF MOTHER (State or Country). North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dorsey Mercer

(Address) 415 N Pine

15- FILED OCT - 7 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 7, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

Oct 7. 1915 (Address) 411 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Lebanon | DATE OF BURIAL, Oct 7 1915

20-UNDERTAKER Walter Caveus | ADDRESS 318 Myrtle Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88705

C88705

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hill.

(Residence in Baltimore: No. 7 2nd Alley St.; 22 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) 1856 (Year)

7-AGE, 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Ship Rigger
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maine

PARENTS.

10-NAME OF FATHER, Tom Hill

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER Kate Henn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased (Wm Hill)

(Address) 7 2nay alley

15- OCT - 7 1915 ROBERT J. KRAUTER, Special Permit Clerk.
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/10 1915, to 10/7 1915, that I saw h im alive on 10/7 1915, and that death occurred, on the date stated above, at 12.20 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis and Chronic Endocarditis

..... (Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) H. Howard Jonnell M. D.

10/7, 191.5 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 4 mos. 27 ds. In the State 22 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 7 2nay alley

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Oct 8, 191.5

20-UNDERTAKER W. Doyle & Son ADDRESS 15 E Lee St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88705 C88706

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 80

1 PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 1823 N. Fayette St. 20 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George E. Upman

(Residence in Baltimore: No. 1823 N. Fayette St St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Feb (Month) 12, (Day) 1854 (Year)

7 AGE: 61 yrs. 7 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Florist
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Maryland

PARENTS

10 NAME OF FATHER: Herman Upman

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Betz

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Tessie Upman

(Address) 1823 N. Fayette St

15. Filed OCT - 7 1915 ROBERT . KRAUTER, Special Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 6th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl, 1914, to Oct 6 1915.
that I saw h-- alive on Oct 6, 1915.
and that death occurred, on the date stated above, at 8 A. m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Uremia Toleroni

(Duration) 2 yrs. mos. ds.

(Signed) E. V. Cardulaw M. D.

10/7/15. 191 (Address) 24 N [illegible], Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery | DATE OF BURIAL: Oct 8 191 5

20 UNDERTAKER: Chas Crowley | ADDRESS: 20 N Fulton Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8 C88707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 C88707

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1732 W. Fayette ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Lewis

(Residence in Baltimore: No. 1732 W. Fayette St.; yrs., 60 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: Nov. 14th, 1848 (Month) (Day) (Year)

7-AGE: 66 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paperhanger
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva Lewis

(Address) 1732 W. Fayette St

15- Filed OCT - 7 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 4th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fell from paperhanger's scaffold. Accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Samuel Hunter M. D. (Coroner.)

Oct 6th, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Oct 8, 1915

20-UNDERTAKER Chas. D. Cook ADDRESS 1003 W. Balto.

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88703

CERTIFICATE OF DEATH.

120 C88703

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1425 Columbia Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Romina E Easter

(Residence in Baltimore: No. 1425 Columbia Ave St.; 66 yrs., 9 mos. 29 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Dec (Month) 7 (Day), 1848 (Year)

7-AGE, 66 yrs. 9 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Gutlieb Wieland

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles M Delker

(Address) 1425 Columbia Ave

15- ROBERT . KRAUTHER,
Filed OCT - 7 1915, 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 1915, to Oct 6 1915, that I saw her alive on Oct 5 1915, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 2 ds.

(Signed) Edwards M. D.

Oct 7, 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Oct 9, 1915
20-UNDERTAKER Joseph B Cook	ADDRESS 1003 West Baltimore St

Spec.—8-24-14—M. & T.—2000 Blks.

C88709 C88709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 + 74

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Stockdale

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs. ....mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 1st (Month) (Day), 1888 (Year)

7-AGE, 27 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard Stockdale

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Martha Upperman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Rossel

(Address) Johns Hopkins Hospital

15-

Filed OCT - 7 1915, 191... ROBERT . KRAUTER, [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH October 5th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 27th 1915, to Oct. 5th 1915, that I saw h[im] alive on Oct. 5th 1915, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Tumor of Base of Brain

..... (Duration) One yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Operation

..... (Duration) ..... yrs. ..... mos. One ds.

(Signed) C. Bunker M. D.

October 6th 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State 27 yrs. 2 mos. ....ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence Woodlawn Md.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Oct. 7, 191...

20-UNDERTAKER Joseph B. Cook ADDRESS 1005 West Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88710 — 91 — C88710

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 731 Ajax St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Formatis C Green

(Residence in Baltimore: No. 731 Ajax St.; yrs. 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: Col — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 26 (Day) 1915 (Year)

7-AGE: yrs. 4 mos. 11 ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Thomas Green

11-BIRTHPLACE OF FATHER (State or country): Balto Md.

12-MAIDEN NAME OF MOTHER: Carrie Stills

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carrie Green

(Address) 731 Ajax St.

15- Filed OCT - 8 1915 191 HARRY O [illegible] Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 7 (Day) 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to, Oct 7 1915, that I saw h[illegible] alive on Oct 5 1915, and that death occurred, on the date stated above, at 10½ a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) — yrs. — mos. 10 ds.

Contributory (SECONDARY) —

(Duration) — yrs. — mos. — ds.

(Signed) John D Revelle M. D.

Oct 7 1915 [illegible] 9365 Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. — DATE OF BURIAL: Oct. 9. 1915

20-UNDERTAKER: Bolt A. Elliott — ADDRESS: 506 Regis Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 n Fulton ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Bowman

(Residence in Baltimore: No. 1133 n Fulton ave St.; 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 14 (Day), 1831 (Year)

7-AGE, 84 yrs. 2 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Solomn Hutton

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Elizabeth Zinger

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lillie V. Stacy

(Address) 1132 n Fulton ave

15-

FILED OCT - 8 1915, 191 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 6th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1st 191 5, to Oct 6th 191 5, that I saw h[illegible] alive on Oct 6th 191 5, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Wm P Lance M. D.

Oct 7, 191 5. (Address) 5 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, Oct 9, 1915

20-UNDERTAKER George J. Smith & Daughter — ADDRESS [illegible]

Burial Permit Clerk.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Spec.—5-19-13—M. & T.—500 Bks.

C88712 C88712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Nursery & Childs Hosp. 104

CITY OF BALTIMORE: (No. Franklin & Schroeder Sts. WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Freda Straw

(Residence in Baltimore: No. Nursery & Childs Hosp St.; yrs., 8 mos. 2 dls.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Feb. 1, 1915.
(Month) (Day) (Year)

7-AGE, yrs. 8 mos. 5 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery & Childs Hosp.

(Address) Franklin & Schroeder Sts

15- HARRY O. [illegible]

Filed OCT - 8 1915 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 6, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1915, to Oct. 6 1915, that I saw her alive on Oct. 6 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elgin E. Fridenwald M. D.

Oct. 6, 1915. (Address) 1216 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 8 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Nursery & Childs Hospital

Former or usual residence Nursery & Childs Hospital

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Oct. 8, 1915

20-UNDERTAKER George J. Smith ADDRESS 2866 W Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88713 HEALTH DEPARTMENT—CITY OF BALTIMORE C88713

CERTIFICATE OF DEATH.

55

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 762 W. Saratoga ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Glazer

(Residence in Baltimore: No. 762 W. Saratoga st St.; 25 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 45 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Louis Yankelwitch

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Markowitch

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Schwartz

(Address) 216 Whitlock St

15- OCT - 8 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1913, to Oct 4th 1915, that I saw h[er] alive on Oct 7th 1915, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Purpura.

Anaemia from hemorrhage

(Duration) 8 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Haem in brain (?)

(Duration) 2 yrs. 2 mos. 8 ds.

(Signed) Gordon Fenton M. D.

Oct 7th, 1915. (Address) 42 Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 762 W. Saratoga st

19-PLACE OF BURIAL OR REMOVAL, Hebrew Hunting Pun

DATE OF BURIAL, Oct 8, 1915

20-UNDERTAKER, D. Lennson & Bro

ADDRESS 1107 E Baltimore St

Gordon Fenton M.D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

088714

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

63*

088714

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 118 Lloyd st. ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leah Caplan

(Residence in Baltimore: No. 118 Lloyd st. St. 1 yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE White | 5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word) single

6-DATE OF BIRTH March 8, 1914
(Month) (Day) (Year)

7-AGE 1 yrs. 7 mos. ds. If LESS than 1 day, ... hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) U. S. (Balto City)

PARENTS

10-NAME OF FATHER William

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Appletein

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fannie Appletein

(Address) 1076 Granby St

15. Filed OCT - 8 1915, 191

HARRY O ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Oct 8, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st 1915. to. Oct. 8 1915.
that I saw her alive on Oct 7 .1915.
and that death occurred, on the date stated above, at 3 a. m.
The CAUSE OF DEATH* was as follows:
Anterior Polio Myelitis

(Duration) yrs. 4 mos. 8 ds.

Contributory (SECONDARY) Acute Bronchitis with myocarditis

(Duration) yrs. mos. 4 ds.

(Signed). Herman Seidel M. D.

Oct 8, 1915 (Address) 1523 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Pikesville Md | DATE OF BURIAL Oct 8, 1915

20-UNDERTAKER S. Levinson | ADDRESS 1107 E Balto St

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88715

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88715

CERTIFICATE OF DEATH.

10 4

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Dundeck

(Residence in Baltimore: No. 832 S Bond St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 23 (Day) 1914 (Year)

7-AGE, 1 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, John Dundeck

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Katie Piondik

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed OCT - 8 1915, 19.. HARRY D. ... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 8 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 4 1915, to October 8 1915, that I saw h.. alive on October 8 1915, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Intestinal Obstruction

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Gilbert W. Rosenthal M. D.

Oct 8, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 832 S Bond St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Oct 9, 1915

UNDERTAKER Wm Fiallowski

ADDRESS 1618 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C88716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C88716

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Rose Hill Terrace ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Wm O'Laughlen

(Residence in Baltimore: No. 507 Rose Hill Terrace St. Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-(SINGLE,) ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Jan (Month) 6 (Day) 1838 (Year)

7-AGE, 77 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): & Builder

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Michael O'Laughlen

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary Ann Wehner

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Wm O'Laughlen Jr

(Address) 507 Rose Hill Ter.

15- Filed OCT - 8 1915, 191... HARRY C ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 191..., to Oct 6 1915, that I saw him alive on Oct 6 1915, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease
Heart,
(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) John W. Fassitt M. D.

Oct 7..., 1915. (Address) 1714 N Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mound Cemetery	Oct 9th 1915

20-UNDERTAKER	ADDRESS
E. M. Mitchell & B.	1204 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 308 N Greene ST. 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kilgen

(Residence in Baltimore: No. 308 N Greene St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) June 17 (Day) 1877 (Year)

7-AGE, 38 yrs. 3 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer) Overall Factory

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Rogers

(Address) 308 N Greene

15- Filed OCT - 8 1915 191... HARRY D ANDREAS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 8 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dil

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration) yrs. mos. ds.

(Signed) J. H. Lizzes M. D. (Coroner)

Oct 8 1915 (Address) 1113 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Oct 10, 1915

20-UNDERTAKER W M Boston

ADDRESS 230 N Greene

C8718

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C8718

1 PLACE OF DEATH

Registered No. C 9

CITY OF BALTIMORE (No. 2318 Pennsylvania Ave 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Snack

(Residence in Baltimore: No. 2318 Pennsylvania Ave (If not, ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct 4, 1910 (Month) (Day) (Year)

7 AGE: 5 yrs. 0 mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Nelson L Snack

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Maggie L McCormick

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nelson Snack

(Address) 2318 Penna Ave

15 OCT - 8 1915 Filed ..., 191... BUREAU OF VITAL STATISTICS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1915, to Oct 7 1915, that I saw h... alive on Oct 7, 1915, and that death occurred, on the date stated above, at 11.50 AM

The CAUSE OF DEATH* was as follows:

Dip Thyroid.

(Duration) ... yrs. ... mos. 5 ds

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) J F Nelson M. D.

Oct 7, 1915 (Address) 1203 N Fork

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Vincent | DATE OF BURIAL: Oct 8, 1915

20 UNDERTAKER: W F Fahey & Sons | ADDRESS: 604 Fayette

2 P.M.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88719 C88719

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l Hospital WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Garland Jones

(Residence in Baltimore: No. 102 Dolphin St St.; yrs. 5 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, April (Month) 19th (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
yrs. 5 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Everett H. Jones

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Rebecca Bell

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Jones

(Address) 102 Dolphin Street

15- Filed OCT - 8 1915, 191.... HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to Oct 5 1915, that I saw him alive on Oct 7 1915, and that death occurred, on the date stated above, at 6 PM.

The CAUSE OF DEATH* was as follows:

Tuberculosis Laryngitis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ? yrs. ? mos. 8 ds.

(Signed) Frank F. Shipley M. D.

Oct 7, 1915. (Address) Md. Genl Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State yrs. 5 mos. 19 ds.

Where was disease contracted, if not at place of death? 102 Dolphin St

Former or usual residence 102 Dolphin St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Oct 8th, 1915
20-UNDERTAKER Geo. H. Holland	ADDRESS 617 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C88720

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88720

CERTIFICATE OF DEATH.

50

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Convent 2000 W. Baltimore ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rt Rev Mgr Thomas J. Broydrick.

(Residence in Baltimore: No. Bon Secour Convent 2000 W. Baltimore St.; 4 Lyrs., 1 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, August (Month) 12th (Day), 1848 (Year)

7-AGE, 67 yrs. 1 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Catholic
(b) General nature of industry, business, or establishment in which employed (or employer): Priest.

9-BIRTHPLACE, (State or Country) Charlottetown Prince Edward Island Canada.

PARENTS.

10-NAME OF FATHER, Thomas Broydrick

11-BIRTHPLACE OF FATHER (State or Country) Ireland.

12-MAIDEN NAME OF MOTHER Ellen Ryan.

13-BIRTHPLACE OF MOTHER (State or Country). Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. John F. Norton

(Address) 3 R.A. Fulton Ave.

15- Filed OCT - 8 1915, 191.... HARRY O. ANDREWS, Registrar. Burial Permit Oct 9

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1915, to Oct 5 1915, that I saw h[illegible] alive on Oct 5 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia with diabetes

(Duration) ....yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) diabetes

(Duration) 2 yrs. mos. ds.

(Signed) Charles O'Donnell M. D.

Oct 7, 1915. (Address) 5 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? In Baltimore City

Former or usual residence St Leonards Calvert Co Md

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery. DATE OF BURIAL, Oct 9....., 1915.

20-UNDERTAKER Henry H. Jenkins Sons Co ADDRESS 1111 Hamilton & Orchard Sts.

C8872l

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

C8872l

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1011 W. Lanvale street, ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard I. Broadbent,

(Residence in Baltimore: No. 1011 W. Lanvale street, St.—yrs.—mos.—ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, May (Month) 27th (Day), 1858. (Year)

7-AGE, 57 yrs. 4 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lumber
(b) General nature of industry, business, or establishment in which employed (or employer)..... Broker,

9-BIRTHPLACE, (State or Country), Baltimore County, Md.

PARENTS.

10-NAME OF FATHER, Stephen Broadbent,

11-BIRTHPLACE OF FATHER (State or Country), England,

12-MAIDEN NAME OF MOTHER Eugenia Scotti,

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie P. Broadbent, wife,

(Address) 1011 W. Lanvale street.

15- OCT - 8 1915 HARRY S. ...

Filed....., 191.... 1131 Form 15 Q 1 ... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 6th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Atheromatous Myocarditis,
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. Frederick Kraus M. D.
(Coroner.)

Oct. 7th, 191.5 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	Oct 9..., 19.15
20-UNDERTAKER	ADDRESS
Henry A. Meas & Son	505 N. Gaylord St.

Spec.—5-19-13—M. & T.—500 Bks.

C88722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 170 C88722

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Albert ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Reed

(Residence in Baltimore: No. 706 Albert St.; 30 yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 15 (Day), 1860 (Year)

7-AGE, 55 yrs. 4 mos. 21 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Railroad

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Pauline Reed

(Address) 706 Albert St.

15. OCT - 8 1915

Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 24 1915, to October 6 1915, that I saw him alive on October 6 1915, and that death occurred, on the date stated above, at 11:48 P.m.

The CAUSE OF DEATH* was as follows:

Chronic parenchymatous nephritis

(Duration) unknown yrs. mos. da.

CONTRIBUTORY (Secondary) Organic heart disease

(Duration) unknown yrs. mos. da.

(Signed) Chester Roland M. D.

10-5-, 1915. (Address) [redacted]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Oct. 8, 1915

20-UNDERTAKER, Edward W. Pye. ADDRESS 617 Winter St. Catonsville Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C88723

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88723

CERTIFICATE OF DEATH.

4 1915 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 808 North Carey ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Sunderland

(Residence in Baltimore: No. 808 North Carey St.; 57 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 20, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 6 mos. 17 ds. If LESS than 1 day, ...hrs. or...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Prop'r Carpet Cleaning Co

9-BIRTHPLACE, (State or Country) Calvert Co Md

PARENTS.

10-NAME OF FATHER, Henry Sunderland

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Susan Wood

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Pearson Sen Hus

(Address) 808 N Carey St

15- OCT - 9 1915 Filed....., 191.. HARRY S. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to Oct 7 1915, that I saw h... alive on Oct 7 1915, and that death occurred, on the date stated above, at 8:00 a.m.

The CAUSE OF DEATH* was as follows:

Stomach

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary) Nephritis Chron (Duration) 10 yrs. ...mos. ...ds.

(Signed) William P. Morgan M. D.

Oct 5, 1915 (Address) 3152 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem, DATE OF BURIAL, OCT 10 1915

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88721 50 C88721

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 Ensor St., ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Dannenberg,

(Residence in Baltimore: No. 523 Ensor St., St.; lifetime, yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. (Month) 5th. (Day), 1853. (Year)

7-AGE, 62 yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Liquor dealer,
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale & Retail

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Isaac Dannenberg,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Mirian Katz,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H. Dannenberg,

(Address) 523 Ensor St.,

15- OCT - 9 1915 HAROLD A. [illegible],

Filed....., 191. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1915, to Oct 7 1915, that I saw h[illegible] alive on Oct 7 1915, and that death occurred, on the date stated above, at 1040 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

F. (Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

(Duration) 3 yrs. mos. ds.

(Signed) Abraham Samuels M. D.

Oct 7, 1915. (Address) 1928 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew,

DATE OF BURIAL, Oct. [illegible] 5, 191..

20-UNDERTAKER David Sondheim

ADDRESS 118 N. Mark[illegible]

C88725

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40

C88725

D.

1 PLACE OF DEATH — CITY OF BALTIMORE (No. 801 Hanover St. 22 Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Max Kessler

(Residence in Baltimore: No. 801 Hanover St.: 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov 30th, 1857 (Month) (Day) (Year)

7 AGE: 56 yrs. — mos. 7 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Julius Kessler

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Esther Siegel

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Kessler

(Address) 801 S. Hanover St

15 Filed OCT - 9 1915 ROBERT J. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 8th (Month) (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1915, to Oct 7 1915, that I saw him alive on Oct 7 1915, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach
(Clinical diagnosis)

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M Chidester M. D.

Oct 8, 1915 (Address) 216 N. High

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence: 801 Hanover st

19 PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale Cemetery — DATE OF BURIAL: Oct 10, 1915

20 UNDERTAKER: Jack Levin — ADDRESS: 1510 Bolton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C85726

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1003 E. Fayette ST.; 5th WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Albrater

(Residence in Baltimore: No. 1003 E. Fayette St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug 25th, 1914. (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry Albrater

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Marie Fabraro

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry F. Albrater

(Address) 1003 E. Fayette St.

Filed OCT - 9 1915, 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 8th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition, Marasmus

from birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wilbert Davis, M. D. (Coroner.)

Oct. 8, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Oct. 9th, 1915

20-UNDERTAKER Wendell Lippel & Son

ADDRESS 336 S. Bond St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Jacob Byczynski

HEALTH DEPARTMENT—CITY OF BALTIMORE

6 88727

CERTIFICATE OF DEATH.

105 88727

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2209 Gallaghers Court ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Byczynski

(Residence in Baltimore: No. 2209 Gallaghers Court St.; 2 yrs., 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 22 (Day), 1913 (Year)

7-AGE, 2 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore. Md.

PARENTS.

10-NAME OF FATHER, Stanislaus Byczynski

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Wabiria Pukalski

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaus Byczynski.

(Address) 2209 Gallaghers Ct.

15- OCT - 9 1915 ROBERT J. KRAUTHOFF, Chief Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 5 1915, to Oct 7 1915, that I saw him alive on Oct 7 1915, and that death occurred, on the date stated above, at 10 7. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Fred Heller M. D.

Oct 8, 1915. (Address) 1935 Fleet St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Oct 10, 1915
20-UNDERTAKER M. F. Sadowski.	ADDRESS 705 S. Ann St.

IN. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Jozefa Greden

C88723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 C88723

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Alice Anna ST.; 2 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jozefa Greden

(Residence in Baltimore: No. 1718 Alice Anna St.: 2 yrs., 5 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Apr (Month) 31 (Day), 1913. (Year)

7-AGE, 2 yrs. 5 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Joseph Greden.

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland.

12-MAIDEN NAME OF MOTHER Mary Rachlicki.

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Greden.

(Address) 1718 Alicanna St.

15- Filed OCT - 9 1915, 191.. ROBERT . KRAUTHER, Acting Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 7th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1915, to Oct. 7 1915, that I saw her alive on Oct. 7 1915, and that death occurred, on the date stated above, at 10½ P. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) John H. Rehberger M. D.

Oct. 8, 1915. (Address) 1709 Alice Anna St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs ....mos ....ds

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Oct 9th, 1915.

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann St

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

C88729

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 715 N. Fremont ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles B. Mastronarg

(Residence in Baltimore: No. 715 N. Fremont St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov 29th, 1855 (Month) (Day) (Year)

7 AGE: 59 yrs. 10 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Telegraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josephine F. Lynn Mastronarg

(Address) 715 N Fremont St

15 OCT - 9 1915 ROBERT . KRAUSE

Filed . 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. 7th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 7th, 1915, to date of death, 191

that I saw him alive on Oct. 7th, 1915,

and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Death was due to Uremic Coliter of about four weeks duration

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Anthony L. Davis, M. D.

Oct 8, 1915 (Address) 824 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: 10-9, 1915

20 UNDERTAKER: H. Brauning's Son

ADDRESS 517 N. Schroeder St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD. WRITE WITH UNFADING INK

8 C88730

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

(PLACE OF DEATH

1 70 C88730

Registered No. C

CITY OF BALTIMORE (No. 3126 Remington ave St.; 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Borden

(Residence in Baltimore: No. 3126 Remington ave St.; 58 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 19, 1854 (Month) (Day) (Year)

7-AGE: 61 yrs. 6 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Police
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Leeens County Ireland

PARENTS

10-NAME OF FATHER: William J. Borden

11-BIRTHPLACE OF FATHER (State or country): Ireland.

12-MAIDEN NAME OF MOTHER: Sarah Burns

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Borden

(Address) 3126 Remington Ave

15-Filed OCT - 9 1915 By Burial Permit Clerk

ROBERT . KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915, to Oct 7, 1915; that I saw h[illegible] alive on Oct 4, 1915, and that death occurred, on the date stated above, at 7:15 a m.

The CAUSE OF DEATH* was as follows:

Chr Interstitial Nephritis

(Duration) yrs. 10 mos. ds

Contributory (SECONDARY) Cardiac Asthenia

(Duration) yrs. mos. 4 ds.

(Signed) John E. O'Neill M. D.

Oct 8, 1915 (Address) 2508 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 10-9, 1915

20-UNDERTAKER: H. C. Cummings Son — ADDRESS: 517 N Schroeder St.

Spec.—5-19-13—M. & T.—500 Bks.

C88731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88731

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 Market Space ST.; 4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Fava.

(Residence in Baltimore: No. 122 Market Space St.; yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Oct 1, 1850 (Month) (Day) (Year)

7-AGE, 65 yrs. 0 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Vincent Bonomo.

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER, Giovanna Cefalu

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Giovanna Cefalu

(Address) 217 S. Exeter St.

15- OCT - 9 - 1915 Filed, 191... HARRY O. ANDREAS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1915, to Oct 7 - 191 5. that I saw her alive on Oct 7 - 191 5. and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) S. D'Amato M. D.

191... (Address) 624 Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Vernon — DATE OF BURIAL, Oct 9, 1915

20-UNDERTAKER Wm. H. Offutt Sr. — ADDRESS 37 S Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C088732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C88732

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Baker ST.: 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen May O'Brien

(Residence in Baltimore: No. 1711 B Baker St.: 41 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 17 (Day), 1874 (Year)

7-AGE, 41 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Richard N Watts

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph A Brien

(Address) 1711 Baker St.

15. OCT - 9 1915 Filed....., 191.. BALTY'S AN CLERK Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 7 (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1915, to Oct. 6 1915, that I saw her alive on Oct 6 1915, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) John D. Lemmon M. D.

Oct 8, 1915 (Address) 1507 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park Cem. DATE OF BURIAL, Oct 10, 1915

20-UNDERTAKER F. J. Waesler ADDRESS 723 Whoffan

I. Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88733

C88733

CERTIFICATE OF DEATH.

8

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N. Castle ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Henry Buchner

(Residence in Baltimore: No. 402 N. Castle St.: 3 yrs., 4 mos. 16 ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May 23, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Frederick Buchner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katharine Frankel

12-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine Buchner

(Address) 402 N. Castle

15- OCT - 9 1915 HARRY O. ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1915, to Oct 8 1915, that I saw h[im] alive on Oct 7 1915, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Syncope

(Duration) yrs. mos. ds.

(Signed) Edward Cook M. D.

10/8, 1915. (Address) 432 N. Washington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	Oct. 10, 1915.
20-UNDERTAKER J. Herwig & Co	ADDRESS 2008 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

88731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 (88731)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1805 N. Gay ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Weiner

(Residence in Baltimore: No. 1805 N. Gay St.; 52 yrs., 3 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June 23, 1863
(Month) (Day) (Year)

7-AGE, 52 yrs. 3 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Geo. Weiner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothea

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Weiner

(Address) 1805 N. Gay

15- OCT - 9 1915 HARRY O. ANDERSON,
Filed ....., 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 4th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2nd, 1915, to Oct 4th, 1915, that I saw h[illegible] alive on Oct 4th, 1915, and that death occurred, on the date stated above, at 4:45 p. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart
Following Chronic Bronchitis 4 years
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) Mark O. Hall M. D.
Oct 7, 1915. (Address) 1719 Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Oct 12, 1915
20-UNDERTAKER	ADDRESS
J. Kemp & Co	200 Aisquith

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

088735

CERTIFICATE OF DEATH.

31 088735

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 N Bond ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Digelmann

(Residence in Baltimore: No. 941 N Bond St.; 47 yrs. 11 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, October 16, 1866 (Month) (Day) (Year)

7-AGE, 48 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dairy man
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Vincent Digelmann

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Wilhelmina Maling

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sadie Boyd

(Address) 941 N. Bond St.

15-

Rec'd OCT - 9 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH, Oct 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 21 1915, to Oct 7th 1915 that I saw h[illegible] alive on Oct 7th 1915, and that death occurred, on the date stated above, at 11 20 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Rectum & Mesentery

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY. Tuberculosis of Lungs
(Secondary)

(Durntion) 2 yrs. mos. ds.

(Signed) Edmund Dillon M. D.

Oct 8, 1915. (Address) 205 Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woly Redeemer Cemetery. DATE OF BURIAL, Oct. 11, 1915.

20-UNDERTAKER Henry Hooks Sr. ADDRESS 1301 E Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88736 C88736

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1040 Valley ST.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dennis Roche

(Residence in Baltimore: No. 1040 Valley St.; 45 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, March (Month) 15 (Day), 1846 (Year)

7-AGE, 69 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. John Roche

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary McSweeney

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr John F. Roche

(Address) 800 E. Eager St.

15- Filed OCT - 9 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1915, to Oct 8 1915, that I saw him alive on Oct 7 1915, and that death occurred, on the date stated above, at 2:00 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Apoplexy

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Hypertrophy of Heart

(Duration) 5 yrs. ....mos. ....ds.

(Signed) James M. Lawlor M. D.

Oct 8, 1915. (Address) 700 E. Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	Oct 11, 1915
20-UNDERTAKER	**ADDRESS**
Henry Knecht's Son	1301 E. Eager St

C88737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 155 C88737

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1621 Keyser ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A Sprague

(Residence in Baltimore: No. 1621 Keyser St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... Feb (Month) 12th (Day), 1882 (Year)

7-AGE, 33 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John H Herandes

11-BIRTHPLACE OF FATHER (State or Country), N J

12-MAIDEN NAME OF MOTHER Mary Cunningham

13-BIRTHPLACE OF MOTHER (State or Country), N J

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Cunningham

(Address) 1621 Keyser Place

15- Filed OCT - 9 1915, 191. HARRY O ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 8th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Suicide) Bichloride of Mercury

Poisoning

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elyas L Russell M. D.
(Coroner.)

Oct 8th, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Gallis Cemetery	Oct 10, 1915

20-UNDERTAKER	ADDRESS
Todd & Turner	1442 N Penn

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD—WRITE WITH UNFADING INK

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED NO. C 150

CITY OF BALTIMORE: (No. 335 Belair ave. St.; 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Kipp

(Residence in Baltimore: No. 335 Belair ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word)
Female	White	Single

6-DATE OF BIRTH: Oct (Month) 8 (Day), 1915 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 12 hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John G. Kipp

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Odalia M Eder

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John G Kipp

(Address) 335 Belair Ave

15- OCT - 9 1915 Filed ..... 191 .....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 8, 191 , to, Oct 8 191 , that I saw her alive on Oct 8 191 , and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Congenital malformation of the heart

(Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY)

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) John W. Sandrson M. D.

Oct 8 191 [Address] 1714 N Caroline St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Johnson Cemetery — DATE OF BURIAL: Oct 9, 191

20-UNDERTAKER: Robt Turner — ADDRESS: 1112 W Pratt

(88739

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

8

9 (88739

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 332 S. Woodyear ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine M. Arnold

(Residence in Baltimore: No. 332 S. Woodyear St.; 2 yrs. 3 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 19 (Day), 1908 (Year)

7-AGE: 7 yrs. 3 mos. 19 ds. | If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto city

PARENTS

10-NAME OF FATHER: Jno F Arnold

11-BIRTHPLACE OF FATHER (State or country): Balto city

12-MAIDEN NAME OF MOTHER: Katie Arbar

13-BIRTHPLACE OF MOTHER (State or country): Baltocity

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno F Arnold

(Address) 332 S. Woodyear

15 OCT - 9 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 6, 1915, to, October 8" 1915, that I saw h-- alive on October 8" 1915, and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

..... (Duration) — yrs — mos. 1 ds.

Contributory (SECONDARY) Laryngeal Diptheria

..... (Duration) — yrs — mos. 1½ ds.

(Signed), Chas J. F. Bleyer M. D.

Oct 9" 1915 [Address] 1103 S. Fulton Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: Oct 9th, 1915

20-UNDERTAKER: John J. Frilds | ADDRESS: 1200 W Lombard St 3 P.M.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

088740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 088740

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 Covington ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franklin H Cook

(Residence in Baltimore: No. 1831 Covington St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 23 (Day), 1882 (Year)

7-AGE, 33 yrs. 2 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country) Carroll Co Md

PARENTS.

10-NAME OF FATHER, Jn H Cook

11-BIRTHPLACE OF FATHER (State or Country) Carroll Co Md

12-MAIDEN NAME OF MOTHER Addie M Bortell

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace E Cook

(Address) 1831 Covington

15-

Filed OCT - 9 1915, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 1915, to Oct 8 1915, that I saw him alive on Oct 7 1915, and that death occurred, on the date stated above, at 12¼ m.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning
due to Nephritis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. Laurence Cook M. D.

Oct 8, 191.. (Address) 423 S. Fort

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loraine Cemetery

DATE OF BURIAL, Oct 10, 191.5

22-UNDERTAKER E J Fanning

ADDRESS 1460 Battery

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88741 C88741

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 E. Fayette St.: 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret C. Isenbeck

(Residence in Baltimore: No. 2111 E. Fayette St.: 21 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept. (Month) 6 (Day), 1894 (Year)

7-AGE, 21 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank X Isenbeck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Zeile

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Louisa Isenbeck

(Address) 2111 E. Fayette St.

15- OCT - 9 1915 HARRY O. ANDREWS,
Filed....., 191. Registrar.
Burial Permit Oct. 11

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19 1915, to Oct 7 1917, that I saw h- alive on Oct 7 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Septic Infection

(Duration) yrs. 1 mos. ds.

(Signed) J. Bruer M. D.

Oct 9, 1915. (Address) 125 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Oct. 11, 1915

20-UNDERTAKER Jos J. Kerr 1914 E ADDRESS Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8742 — C8742

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Jackson ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Gregory

(Residence in Baltimore: No. 1522 Jackson St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Oct (Month) 20 (Day) 1875 (Year)

7-AGE, 39 yrs. 11 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Balto. co. Md.

PARENTS.

10-NAME OF FATHER. Patrick Croghan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Bridget Conroy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James B. gregory

(Address) 1522 Jackson St

15-

Filed OCT - 9 1915 191.... Registrar. BUREAU OF VITAL STATISTICS Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 7 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1914, to Oct 7 1915, that I saw her alive on Oct 6 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) A. H. St. John Green M. D.

Oct. 8, 1915. (Address) 1428 Light

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. Oct. 11..., 1915

20-UNDERTAKER H. J. M. L. Flynn

ADDRESS 1425 Light

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C8743

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8743

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Penna. Ave St.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Paul

(Residence in Baltimore: No. 1309 Penna Ave. St.; 31 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb. 14, 1864
(Month) (Day) (Year)

7-AGE, 51 yrs. 8 mos. 27 dys.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Nelson Tay

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Louisa Bush

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Virginia Lawson

(Address) 1322 N. Bruce St.

15- OCT - 9 1915 HARRY O ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 28 1915, to Oct. 8 1915, that I saw her alive on Oct. 8 1915, and that death occurred, on the date stated above, at 1450 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. Lawson M. D.

Oct. 8, 1915 (Address) 1507 N. Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Oct. 10, 1915

20-UNDERTAKER Clarence E. Winfield — ADDRESS 3[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88704 C88744

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 St Paul ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Elizabeth McColgan

(Residence in Baltimore: No. 3000 St Paul St.: Lyfetime - do.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 16th (Day), 1862 (Year)

7-AGE, 53 yrs. ..... mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Private family

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles McColgan ~~McColgan~~

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Gallagher

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen McColgan

(Address) 3000 St Paul St

15- Filed OCT - 9 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 5th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1st 1915, to Oct 5th 1915, that I saw her alive on Oct 4th 1915, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Embolism

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Charles W. Wechsler M. D.

Oct 6th, 1915. (Address) 7 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem

DATE OF BURIAL, Oct 11, 1915

20-UNDERTAKER Henry W. Fenkam Sons Co

ADDRESS W Fallsway

Spec.—8-24-14—M. & T.—2000 Bks.

(88745)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

(88745)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 528 East ST.; 5 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie J Starace

(Residence in Baltimore: No. 528 East Street St.; 20 yrs., 2 mos. 22 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 16 (Day), 1895 (Year)

7-AGE, 20 yrs. 2 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Milliner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Antonio C. Starace

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Anna M Conella

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Theresa Starace

(Address) 528 East St

15-

Filed OCT - 9 1915 HARRY C. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1915, to Oct 8 1915, that I saw her alive on Oct 7 1915, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary tuberculosis

(Duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Benj. H. Thompson M. D.

Oct. 6, 1915. (Address) 126 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct 10, 1915

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C88736 Charlie Freeman 64 C88746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Division St.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlie Freeman

(Residence in Baltimore: No. 1430 Division St.; 30 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 8 (Day) 46 (Year)

7-AGE. 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). Private Family

9-BIRTHPLACE, (State or Country). Alabama

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maude Freeman

(Address) 1430 Division St.

15- OCT - 9 1915

Filed....., 191.... HARRY O. ANDREWS, Burial Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 8th (Month) (Day), 19 17 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7th 191 7, that I saw h alive on Oct 8th 191 7, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Lee Ellis M. D.

Oct 9th, 191 7. (Address) 924 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery — DATE OF BURIAL. Oct 11th 1915

20-UNDERTAKER Chas. W. Holland — ADDRESS 577 Robert St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88747

HEALTH DEPARTMENT--CITY OF BALTIMORE

C88747

CERTIFICATE OF DEATH

1-PLACE OF DEATH The Shelter Home — REGISTERED NO. C 79

CITY OF BALTIMORE (No. 517 W. Biddle ST. 17 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Dutton

(Residence in Baltimore: No. 517 W. Biddle St ST.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem. | 4-COLOR OR RACE Col. | 5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word) Single

6-DATE OF BIRTH Unknown (Month), (Day), 1840 (Year)

7-AGE 75 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Domestic Duties
(b) General nature of industry, business, or establishment in which employed (or employer) Cook Family

9-BIRTHPLACE (State or country) Carroll Co. Md. Springfield

PARENTS

10-NAME OF FATHER William Dutton

11-BIRTHPLACE OF FATHER (State or country) Carroll Co. Md.

12-MAIDEN NAME OF MOTHER Jane Jones

13-BIRTHPLACE OF MOTHER (State or country) Springfield Carroll Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Wharton

(Address) 517 W Biddle st

OCT - 9 1915 Filed, 191

HARRY O ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH October 8 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1915, to, Oct 1 1915, that I saw her alive on Oct 1, 1915, and that death occurred, on the date stated above, at 1.30 p.m.
The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) John R Heuisler M. D.

Oct 9, 1915 (Address) 1316 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 5 yrs. mos. ds. — In the State 75 yrs. mos. ds.

Where was disease contracted, if not at place of death? The Shelter Home

Former or usual residence The Shelter Home

19-PLACE OF BURIAL OR REMOVAL Lemmel Cem — DATE OF BURIAL Oct 10, 191

20-UNDERTAKER John E Foard — ADDRESS [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C88748 — 64 — C88748

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 2903 Bernard St ST. 17 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Hall

(Residence in Baltimore: No. 2903 Bernard Street ST. 58 yrs. 10 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Nov (Month) 18 (Day) 1850 (Year)

7 AGE: 58 yrs. 10 mos. 19 ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: H. C. Orem

11 BIRTHPLACE OF FATHER (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Charlotte Wyman

13 BIRTHPLACE OF MOTHER (State or country): Balto City.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Hall

(Address) 2914 Huntington Ave

15 Filed OCT - 9 1915, 191 — HARRY O. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 7 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 191 5, to Oct 7 191 5, that I saw her alive on Oct 7, 191 5, and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy with Paralysis

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY) Arteria sclerosis

(Duration) ? yrs. — mos. — ds.

(Signed) Donald Stroud M. D.

Oct 8, 191 5 (Address) 2438 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. | In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Oct 10, 1915

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

(Louis Chassagne)

HEALTH DEPARTMENT—CITY OF BALTIMORE

(88749) x 40 (88749)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital Bruce ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Chassagne

(Residence in Baltimore: No. 1st Avenue and 16th street St.; 31 yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	white	Widower

6-DATE OF BIRTH, Unknown (Month) (Day), 1864 (Year)

7-AGE, 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Truckster

9-BIRTHPLACE, (State or Country), France.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fernand Chassagne

(Address) 1st Ave 3rd & 16th St. Highlandtown

15- Filed OCT - 9 1915, 191.... BARRY O. ANDREWS, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 21 1915, to Oct 8 1915, that I saw him alive on Oct 7th 1915, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Pylorus

Operation (Duration) Perhaps 6 mos. ds.

(Signed) J. O. V. Cliff M. D.

Oct 8, 1915 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 17 ds. In the State 31 yrs. mos. ds.

Where was disease contracted, if not at place of death? at place of death

Former or usual residence 1st ave and 16th street Highlandtown

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	Oct 11, 1915
20-UNDERTAKER Joseph B. Cook	ADDRESS 1003 West Baltimore

C88750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 1 PLACE OF DEATH Little Sisters of the Poor 79 REGISTERED NO. C 88750

CITY OF BALTIMORE: (No. ... ST. 10 ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Rooney

(Residence in Baltimore: No. Little Sisters of the Poor St.; —yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Unknown 1 (Month) (Day) (Year)

7-AGE 76 yrs. mos. ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Ireland

PARENTS

10-NAME OF FATHER Christopher Rooney

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Catherine Galachenan

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed OCT - 9 1915 191 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH October 8 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Unknown, 191..., to, Oct 8 191..., that I saw h... alive on Oct 8 1915, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of heart Unknown (Duration) yrs. mos. ds.

Contributory (SECONDARY) ... (Duration) yrs. mos. ds.

(Signed) P. McGarvey M. D.

Oct 8 191 5 [Address] 1137 Park Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 1 yrs. mos ds. In the State — yrs — mos — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Oct 12 1915

20-UNDERTAKER ... ADDRESS W. C. Brudfield 914 Gilmor St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(88751) 71 (88751)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Basil

(Residence in Baltimore: No. University Hospital St.; 0 yrs., 0 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 6 (Day), 1915 (Year)

7-AGE, — yrs. — mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry Basil

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Alice Walker

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Basil

(Address) Annapolis Md

15- OCT - 9 1915 HARRY O ANDREWS, Registrar.

Filed ....., 191... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1915, to Oct 8 1915; that I saw him alive on Oct 6 1915, and that death occurred, on the date stated above, at 5.15 p.m.

The CAUSE OF DEATH* was as follows: Eclamptic Convulsions

(Duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary) Baby ? Eclamptic Mother

(Duration) ... yrs. ... mos. ... ds.

(Signed) P. L. Rush M. D.

10-8, 1915. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 2 ds. In the State — yrs. 0 mos. 2 ds.

Where was disease contracted, if not at place of death? None

Former or usual residence Home

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md — DATE OF BURIAL, Oct 9, 1915

20-UNDERTAKER Geo M. Fairall — ADDRESS 811 N Howard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88752

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

C88752

REGISTERED NO. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST.: W WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Krieger

(Residence in Baltimore: No. 109 S. Broadway St.: 1 yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept (Month) 10 (Day), 1914 (Year)

7-AGE: 1 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: E. Krieger

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Rose Perelman

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Levis

(Address) 1419 E. Baltimore

15. OCT 10 1915 BARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 10 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 7, 1915, to. October 10 1915, that I saw h er alive on October 10, 1915, and that death occurred, on the date stated above, at 3.25 a. m.

The "CAUSE OF DEATH" was as follows:

Patent Ductus Arteriosus and Pulmonary stenosis (Congenital) (Duration) Life yrs. mos. ds

Contributory (SECONDARY) Acute Myocardial Dilatation (Duration) yrs. mos. 1 ds.

(Signed) M. B. Freed M. D.

October 10, 1915. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 3 ds. In the State 1 yrs. 1 mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 109 S. Broadway

19-PLACE OF BURIAL OR REMOVAL: Workmen circle — DATE OF BURIAL: 10/10 1915

*20-UNDERTAKER: Mt Carmel Rd — ADDRESS: 1419 E Balto

Jack Levis

C88753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

REGISTERED No. C88753

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert McLane Bennett

(Residence in Baltimore: No. 1107 Myrtle Ave St.; yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Married

6-DATE OF BIRTH, Dec. (Month) 10th (Day), 1847 (Year)

7-AGE, 67 yrs. 10 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gate keeper Freemason
(b) General nature of industry, business, or establishment in which employed (or employer): Cemetery

9-BIRTHPLACE, (State or Country). Balto, Md

PARENTS.

10-NAME OF FATHER, Robert Bennett

11-BIRTHPLACE OF FATHER (State or Country). Balto, Md

12-MAIDEN NAME OF MOTHER Elizabeth Bennett

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. F. Bennett

(Address) 400 Liberty Heights Ave.

15- OCT 10 1915 HENRY O. ANDREWS,
Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH October 7th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Skull as result of accident, being struck by Ford automobile

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. H. Farnan M. D.
(Coroner)
Oct 9, 1915 (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. 16 ds. In the State. ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death? accident at Eager St. near St. Paul St.
Former or usual residence (107) Myrtle Ave.

19-PLACE OF BURIAL OR REMOVAL Loudon Park DATE OF BURIAL OCT 10, 1915

20-UNDERTAKER W. J. Tesdorf ADDRESS Penn Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C88754 Death 8 Sept 1915 C88754

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1511 Arlington St.: 5 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph Seabold

(Residence in Baltimore: No. 1511 Arlington St.: — yrs. 5 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: April (Month) 25 (Day), 1915 (Year)

7 AGE: — yrs. 5 mos. 13 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Albert Seabold

11 BIRTHPLACE OF FATHER (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Mollie Wolfe

13 BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carrie Baitzell

(Address) 1511 Arlington St

15 OCT 10 1915 (Date) HARRY O. ... Burial Permit Clerk (Official Title)
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY. That I attended deceased from ~~September~~ 28 1915, to. October 2d 1915; that I saw him alive on October 2d, 1915; and that death occurred, on the date stated above, at 11:00 a.m.
The CAUSE OF DEATH* was as follows:

Inanition

(Duration) ... yrs. ... mos. 10 ds

Contributory (SECONDARY): Diarrhoea from milk infection

(Duration) ... yrs. ... mos. 7 ds.

(Signed), Maurice E. Shaener, M. D.

Oct. 5, 1915. (Address) 548 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Balto Hebrew Cem | DATE OF BURIAL: Oct 10, 1915

20 UNDERTAKER: J. Kerman & Bro | ADDRESS: 1107 E Balto St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88755

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C88755

REGISTERED No. C 29

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Strejek

(Residence in Baltimore: No. 917 N. Durham St.: 36 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1879 (Month) (Day) (Year)

7-AGE: 36 yrs. — mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): U. S. a. Balt. City

PARENTS

10-NAME OF FATHER: Joseph Holic

11-BIRTHPLACE OF FATHER (State or country): Bohemia

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Barbara Strejek

(Address): 912 N. Durham St.

15 Filed OCT 10 1915 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. 9th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1915, to Oct. 9th 1915, that I saw her alive on Oct. 9th, 1915, and that death occurred, on the date stated above, at 11:20 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY): Acute Myocardial Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) M. B. Levin M. D.

10/9/15, 1915 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 28 ds. In the State 36 yrs. mos. ds.

Where was disease contracted, if not at place of death? 912 N. Durham St.

Former or usual residence 912 N. Durham St.

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 13, 1915

20-UNDERTAKER: Frank Enoch & Son — ADDRESS: 1946 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C88750

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88756

CERTIFICATE OF DEATH.

D — 29

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Waters

(Residence in Baltimore: No. 1508 Mullikin St St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, April 20, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Ira Waters

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Annie Collins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- OCT 10 1915 HARRY O. ANDREWS, Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 9, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 8 1915, to October 9 1915, that I saw h[im] alive on October 9 1915, and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert W. Rosenthal M. D.

Oct 9, 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1508 Mullikin St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Cem.	Oct 11, 1915
20-UNDERTAKER	ADDRESS
J. G. Locke	1302 Jefferson

Spec.—5-19-15—M. & T.—500 Blks.

C88757

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88757

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 N. Schroeder ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME Hannah Closse

(Residence in Baltimore: No. 306 N. Schroeder St.; yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED.~~ (Write the word.) Widow

6-DATE OF BIRTH, Dec. 15, 1830
(Month) (Day) (Year)

7-AGE, 84 yrs. 9 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Louis Eckeman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rosina Stickweh

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. S. Rosover

(Address) 306 N. Schroeder St

15- OCT 10 1915 Filed....., 191.... HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 9, 191[illegible]
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 191[illegible], to Oct 9 191[illegible], that I saw h alive on Oct 9 191[illegible], and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. 2 mos. ds.

(Signed) J. S. Rosover M. D.

Oct 10, 191[illegible] (Address) 739 N. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cleveland Ohio

DATE OF BURIAL, Oct 10 –, 191[illegible]

20-UNDERTAKER Jos. Joerdens & Son

ADDRESS 217 S. Paca St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C88758

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88758

CERTIFICATE OF DEATH.

170

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 Christian St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Henning

(Residence in Baltimore: No. 2231 Christian St.; 16 yrs. 1 mos. 20 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single.

6-DATE OF BIRTH, August 19, 1899
(Month) (Day) (Year)

7-AGE, 16 yrs. 1 mos. 20 da.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wood laundry

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Henry Henning

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Maggie Harris

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Henry Henning

(Address) 2231 Christian St.

15-

Filed OCT 10 1915, 191.... HARRY O ANDERSON Registrar.

Burial Permit 0161

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 3 1915 to October 8, 1915, that I saw her alive on October 8, 1915, and that death occurred, on the date stated above, at 12:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Colitis.

(Duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Pulmonic Consumption and Cardiac Weakness

(Duration) 1 yrs. 2 mos. da.

(Signed) Albert D. Driscoll M. D.

Oct 9, 1915. (Address) 3205 Hollins Ave,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cem

DATE OF BURIAL, Oct 12 191 5.

20-UNDERTAKER John J. Cowan & Son

ADDRESS 901 Hollins St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

(8875) 79 (8875)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Wyeth St.; 21 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Hegner (Mrs.)

(Residence in Baltimore: No. 1516 Wyeth St.; 39 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOW, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. February (Month), 1876 (Day) (Year)

7-AGE. 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Pittsburg Pa.

PARENTS.

10-NAME OF FATHER, Robert Heeus

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Martha Abbet

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Haeussner

(Address) 516 Wyeth St.

15- OCT 10 1915 WILLIAM ADAMS, Burial Permit Clerk.
Filed ..... 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1915, to Oct 9 1915, that I saw h[er] alive on Oct 8 1915, and that death occurred, on the date stated above, at 11 A.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY. ~~Pneumonia~~ (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wesley Thos M. D.

Oct 10, 1915. (Address) 72 S. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Oct. 12, 1915

20-UNDERTAKER John Hoover Son ADDRESS 99 Hollins

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88760 C88760

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Wyeth ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbur L. Cawein (Cawein)

(Residence in Baltimore: No. 620 Wyeth St.; yrs. 3 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 22 (Day), 1911 (Year)

7-AGE, yrs. 3 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Raymond Cawein

11-BIRTHPLACE OF FATHER (State or Country). Ky Md

12-MAIDEN NAME OF MOTHER Gertrude Isaacs

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Raymond Cawein

(Address) 620 W. Wyeth St.

15- OCT 10 1915 Filed, 191. HARRY O. ANDREWS, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 3 1915, to Oct 8 1915, that I saw h— alive on Oct 8 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Tabes Cubile

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cerebro Endocarditis

(Duration) yrs. mos. 1 ds.

(Signed) E. Macculloch M. D.

Oct 8, 1915. (Address) 24 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. Baltimore Md. DATE OF BURIAL, Oct. 10, 1915.

20-UNDERTAKER John J. Keenan Son ADDRESS 901 Hollins St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C88761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

C88761

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1147 Sargent ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Siegling

(Residence in Baltimore: No. 1147 Sargent St.; 32 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July 15, 1853.
(Month) (Day) (Year)

7-AGE, 62 yrs. 2 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): (Day)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wm F. Siegling

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm F. Siegling Jr.

(Address) 1147 Sargent St.

15-

Filed OCT 10 1915 191 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23 1915, to Oct. 9 1915, that I saw him alive on Oct. 8 1915, and that death occurred, on the date stated above, at 1:15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach
(Pylorus)
Clinical Diagnosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) Julius Finnefrock M. D.

Oct 10 1915. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery

DATE OF BURIAL. Oct 11 1915.

20-UNDERTAKER Duncan Cook

ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C88762

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88762

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 202 S. Durham ST.; ... WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Elizabeth Knauer

(Residence in Baltimore: No. 202 S. Durham St. St. Lyckens mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 26, 1896
(Month) (Day) (Year)

7-AGE, 18 yrs. 10 mos. 12 ds.
If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Seamstress
(b) Geoeral nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Charles Knauer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Cecelia Weber

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cecelia Knauer

(Address) 202 S Durham St

15- OCT 10 1915

Filed ....., 191.... HARRY O ANDERSON, Registrar. Serial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1915, to Oct 7" 1915, that I saw her alive on Oct 6" 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. \ mos. \ ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Haloyd St. Johnston M. D.

Oct 9 1915 (Address) 2129 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem.

DATE OF BURIAL, Oct 11, 1915.

20-UNDERTAKER Lilly & Faber

ADDRESS 1033 N Mayfield

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—5-19-17—M & T.—500 Blks.

C88763

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88763

CERTIFICATE OF DEATH.

28

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Lexington st. St.: 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Elliott

(Residence in Baltimore: No. 1501 Lexington st. St.; 46 yrs., 1 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, May 6, 1869 (Month) (Day) (Year)

7-AGE, 46 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wisly Elliott

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Gordon Carlin

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Elliott

(Address) 1501 Lexington st.

15- Filed OCT 10 1915, 191... HARRY O. ANDREWS, Special Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~Sept~~ Aug 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 1915, to Aug 7 1915, that I saw him alive on Aug 7 1915, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) H. H. Hargrove M. D.

Aug 9, 1915. (Address) 1425 Light st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bal Cem

DATE OF BURIAL, Aug 9, 1915

20-UNDERTAKER J. W. Falkenham

ADDRESS 131 Light st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

A 088764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

138 088764

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Genral Hospital St.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Bessie Thomason

(Residence in Baltimore: No. 3317 Beech Avenue St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 29, 1876
(Month) (Day) (Year)

7-AGE, 38 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Hedrick

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Francis Hedrick

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph C. Thomason

(Address) 3317 Beech Ave

15- Filed OCT 10 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 191 5, to Oct 8 191 5, that I saw her alive on Oct 8 191 5, and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Toxemia of Pregnancy
(Eclampsia)
(Duration) ...yrs...mos. (7) 9 ds.

CONTRIBUTORY (Secondary) Pregnancy
(Duration) ...yrs. 7 mos. (?) ds.

(Signed) Frank E. Shipley M. D.
Oct 8, 191 5 (Address) Md Genl Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. 9 ds. In the State 21 yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3317 Beech Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oakville Va	Oct 10, 191 5
20-UNDERTAKER	ADDRESS
Thomas & Son	Chestnut Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Form—5-19-13—M. & T.—500 Blks.

C88765

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88765

CERTIFICATE OF DEATH.

41

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 S Montford Ave ST.; 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth R. Amend

(Residence in Baltimore: No. 516 S Montford Ave St.; 50 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 75 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Amend

(Address) 516 S Montford Ave

15-

Filed OCT 10 1915, 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1915, to Oct. 8th 1915, that I saw her alive on Oct. 8th 1915, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis

Intestinal Carcinoma

(Duration) yrs. 5 mos. 8 da.

CONTRIBUTORY (Secondary): Interstitial Nephritis

(Duration) yrs. 3 mos. da.

(Signed) William H. Johnson M. D.

Oct. 9, 1915. (Address) 2017 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Mathias Cem — DATE OF BURIAL, Oct 11, 1915

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern Ave

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G INK—THIS IS A PERMANENT RECORD

d. AGE should be stated EXACTLY. PHYSICIANS should state be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C88766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88766

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; ..... WARD)

REGISTERED No. C.

2-FULL NAME Charles H. Walker.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. University Hospital St.; ... yrs., ... mos., 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, unknown ....., 1869.
(Month) (Day) (Year)

7-AGE, 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... B & O. railroad

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Hooper C.A.

(Address) 609 Carroll St.

15- Filed OCT 10 1915, 191... MARY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 8, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9 1915, to Oct 8 1915, that I saw him alive on October 8 1915, and that death occurred, on the date stated above, at 6.10 p. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis & Arteriosclerosis

..... (Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Edema of Brain

..... (Duration) ... yrs. ... mos. 29 ds.

(Signed) Edward Jonella M. D.

10/9 ....., 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 29 ds. In the State 20 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Brunswick, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Brunswick Md.	Oct 12, 1915.
20-UNDERTAKER Geo. H. Hooper	ADDRESS 609 Carroll St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C88767 C88767

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 312 Pierce ST. 17 WARD)
Daniel

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Matthews

(Residence in Baltimore: No. 312 Pierce St ST.: 51 yrs. 0 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	colored	widower

6-DATE OF BIRTH September (Month) 9 (Day), 1864 (Year)

7-AGE 51 yrs. 0 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer): (dang)

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER unknown

11-BIRTHPLACE OF FATHER (State or country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henrietta Royal

(Address) 312 Pierce St.

15. Filed OCT 10 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH October (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 7, 1915, to October 7 1915, that I saw h imalive on October 7, 1915, and that death occurred, on the date stated above, at 9:30 P.m.
The CAUSE OF DEATH* was as follows:
lobar pneumonia

(Duration) no yrs. no mos. 4 ds

Contributory (SECONDARY) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Chester Riland M. D.

October 8, 1915 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Oct. 11, 1915

20-UNDERTAKER: Robt. A. Elliott ADDRESS: 526 N. Bond Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C88768

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88768

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Squire Rotmon

(Residence in Baltimore: No. University Hospital St.: — yrs., — mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1870
(Month) (Day) (Year)

7-AGE, 75 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Chas. Rotmon

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hosea Rotmon

(Address) Leesburg Va.

15- OCT 10 1915 HARRY O. ANDREWS,

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3d 1915, to Oct 9, 1915, that I saw h[illegible] alive on Oct 9 1915, and that death occurred, on the date stated above, 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate +
Cerebral Senility

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) [illegible] M. D.

10-9-, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. 6 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Middletown Va

19-PLACE OF BURIAL OR REMOVAL, Plano, Va.

DATE OF BURIAL, Oct 12, 1915

20-UNDERTAKER Jos. B. Cook

ADDRESS 1937 Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C88769 C88769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Collins.

(Residence in Baltimore: No. Johns Hopkins Hospital St.; — yrs.; — mos. 26 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH. Feb. (Month) 7 (Day) 1890 (Year)

7-AGE. 25 yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm work.
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Wm. H Collins

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Sarah A. Smith

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phillips

(Address) Johns Hopkins Hosp.

15- OCT 10 1915 HARRY O. ANDREWS, Filed ....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 9, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 13 1915, to Oct 9 1915, that I saw h— alive on Oct 9, 1915, and that death occurred, on the date stated above, at 7 30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis.

Coma

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uremic coma

(Duration) — yrs. — mos. 5 ds.

(Signed) Paul W. Clough M. D.

Oct 10, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCES).

At place of death ....yrs. ....mos. 26 ds. In the State 5 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Wardtown Va.

19-PLACE OF BURIAL OR REMOVAL. Bowley's Wharf. DATE OF BURIAL. Oct. 11, 1915

20-UNDERTAKER John H. Toadvine ADDRESS 142 Wolfe St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(8877) (8877)

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2016 E. Hoffman St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emeline E. Rhodes

(Residence in Baltimore: No. 2016 E. Hoffman St.; — yrs., — mos. — da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female
4-COLOR OR RACE: white
5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widow
6-DATE OF BIRTH: Aug (Month) 25 (Day), 1825 (Year)
7-AGE: 90 yrs. 1 mos. 13 ds. If LESS than 1 day, ... hrs. or ... min.
8-OCCUPATION: (a) Trade, profession, or particular kind of work: None (b) General nature of industry, business, or establishment in which employed (or employer):
9-BIRTHPLACE, (State or Country): ~~Queen Ruby~~ Md

PARENTS.
10-NAME OF FATHER: James Riley
11-BIRTHPLACE OF FATHER (State or Country): Md
12-MAIDEN NAME OF MOTHER: Margaret Lee
13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lou L. Rhodes
(Address) 2016 E. Hoffman

15- OCT 10 1915 Filed ....., 191.... HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October 8th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 6th 1915, to Oct. 8th 1915, that I saw h[illegible] alive on Oct. 8th 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Chronic Nephritis
(Duration) 2 yrs., mos. ds.
CONTRIBUTORY (Secondary) Hypertension
(Duration) yrs. mos. 2 ds.

(Signed) [illegible] M.D.
10/9/15, 1915 (Address) 1502 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Oct. 11, 1915.
20-UNDERTAKER Williams Cook ADDRESS 502 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 C8771 — 50 C8771

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Gies

(Residence in Baltimore: No. Little Sisters of Poor (Preston & Mulberry) St. 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Not known ..... (Month), 1 ..... (Day) (Year)

7-AGE: 66 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or Country): Not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or Country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Gies (Wife)

(Address) Little Sisters of Poor.

15- Filed OCT 14 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 8, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1915, to Oct 8 1915, that I saw h.. alive on Oct 8 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senile Gangrene Leg

..... (Duration) ... yrs. 2 mos. ... ds.

(Signed) ... M. D.

Oct 8, 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State 55 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Little Sisters of Poor

Former or usual residence Little Sisters of Poor

19-PLACE OF BURIAL OR REMOVAL, Holy Cross CAC — DATE OF BURIAL, 10-11th, 1915.

20-UNDERTAKER C. B. Harlr — ADDRESS 115 E West St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2600 Bks.

C88772

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88772

CERTIFICATE OF DEATH.

82

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Linden Ave., ST.: 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Eckhaus,

(Residence in Baltimore: No. 1711 Linden Ave., St.: 26 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married,

6-DATE OF BIRTH, July (Month) 31st. (Day), 1869. (Year)

7-AGE, 46 yrs. 2 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Moses Reinich

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Augusta Samuel,

13-BIRTHPLACE OF MOTHER (State or Country), New York,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Eckhaus,

(Address) 1711 Linden Ave.

15- Filed OCT 11 1915, 191... ROBERT . KRAUTHOFF, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 10th. (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1915, to Oct 10 1915, that I saw h[illegible] alive on Oct 10 1915, and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

2 hrs.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) I. Frederick Lutz M. D.

Oct 10, 1915. (Address) 2040 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oheb Shalom, DATE OF BURIAL, Oct. 12th, 191...

20-UNDERTAKER Hamburger & Sondheim ADDRESS [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C88773 C88773

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 8 REGISTERED NO. C 79

CITY OF BALTIMORE: (No. 2424 Callow Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Daniel.

(Residence in Baltimore: No. 2424 Callow Ave., St.; 48 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, July (Month) 21st. (Day) 1851. (Year)

7-AGE, 64 yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman, wholesale
(b) General nature of industry, business, or establishment in which employed (or employer) Clothing (mens)

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Micheal Daniel,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Fromet Kaufman,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Daniel,

(Address) 2424 Callow Ave.,

15- Filed OCT 11 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 10th. (Day) 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1915, to Oct 9 1915, that I saw h.. alive on Oct 9 1915, and that death occurred, on the date stated above, at 12 9 m.

The CAUSE OF DEATH* was as follows:

Uraemia - sclerosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 7 ds.

(Signed) J. Friedenwald Jr. M. D.

Oct 10, 1915. (Address) 2040 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew Cem. DATE OF BURIAL, Oct. 12th 191...

20-UNDERTAKER Howard Sondheim ADDRESS [illegible]

N. B.—Every item of information should be carefully supplied. AGE nicely. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

See Birth Certificate of Vincent Sabilla,
No. B-17778.

Spec.—5-19-13—M. & T.—500 Bks. Vincentine Isabella.

C88774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C88774

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Exeter St. ST.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincentine Isabella

(Residence in Baltimore: No. 412 N. Exeter st. St.; yrs., mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, fem.

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 29th, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Joseph Isabella

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Seraphine Caumarata

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Isabella

(Address) 412 N. Exeter St.

15- ROBERT . KRAUTER
Filed OCT 11 1915, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10/10 1915, to 10/11 1915, that I saw h(e) alive on 10/11 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

epileptic spasms

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Test M. D.

10/14/15, 191... (Address) 210 Pearl st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincents Cem	Oct 13, 191...
20-UNDERTAKER Fitzgerald	ADDRESS 703 E. Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

(88775)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 (88775)

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Funk

(Residence in Baltimore: No. 723 E. Chase St.; yrs., 6 mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December (Month) 6th (Day), 1882 (Year)

7-AGE, 32 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, John Funk

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Wehner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Funk

(Address) 723 E. Chase St.

15- Filed OCT 11 1915 ROBERT . KRAUTER, Actg. Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 7th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of base of Skull, the result of being accidentally struck by a moving railroad train

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. Sarazin (Coroner.) M. D.

Oct 8, 1915 (Address) 174 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

At Bass River Crossing of P. B. & W. R.R.

Former or usual residence 723 E. Chase

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct. 12, 1915

20-UNDERTAKER McLean-Jones — ADDRESS 833 Lindenave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C88776

HEALTH DEPARTMENT—CITY OF BALTIMORE

28/

CERTIFICATE OF DEATH.

C88776

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 648 George street, St. 17 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Hayden,

(Residence in Baltimore: No. 648 George street,

10

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, December 22nd, 1879.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
35 yrs. 9 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman on
(b) General nature of industry, business, or establishment in which employed (or employer): steamboat,

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Alfred Hayden,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Nellie Cole,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H. A. Brooks,

(Address) 648 George street.

15- Filed OCT 11 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 10th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary haemorrhage,
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis,
(Duration) yrs. mos. ds.

(Signed) L. Frederick Romatz M. D.
(Coroner.)

Oct. 16. 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Oct 1, 1915
20-UNDERTAKER	ADDRESS
Wm Clifton	916 Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(38777) 28 (38777)

Registered No. C .....

1 PLACE OF DEATH

City of Baltimore (No. Lake Montebello Hillen Rd St.: 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles Buchanan Armstrong

(Residence in Baltimore: No. Lake Montebello Hillen Road St.: ..... yrs. 9 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word)
Male	white	single

6 DATE OF BIRTH Dec. 31st, 1872 (Month) (Day) (Year)

7 AGE 42 yrs. 9 mos. 10 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Photographer
(b) General nature of industry, business, or establishment in which employed (or employer) Photographer

9 BIRTHPLACE (State or country) Escaloosa, Iowa

PARENTS

10 NAME OF FATHER Thomas Armstrong

11 BIRTHPLACE OF FATHER (State or country) Newark N. J.

12 MAIDEN NAME OF MOTHER Helen Thompson

13 BIRTHPLACE OF MOTHER (State or country) Williamsburg Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James B. Armstrong.

(Address) Lake Montebello Balto.

OCT 11 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed ....., 191 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 10, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6th 1915 to Oct 10th 1915.

that I saw h[illegible] alive on Sept 27th 1915.

and that death occurred, on the date stated above, at 5:10 a.m.

The CAUSE OF DEATH* was as follows:

Tubercular meningitis

(Duration) 0 yrs. 1 mos. 0 ds.

Contributory (SECONDARY) Pulmonary tuberculosis

(Duration) 4+ yrs. — mos. — ds.

(Signed) Gordon Wilson M. D.

Oct 10th, 1915. (Address) 42 Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. | In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	October 11 1915
20 UNDERTAKER	**ADDRESS**
George Schilling & Sons	1126 E Monument St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

J 88778

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C 88778

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 214 N Calvert St ST. H WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathaniel Mason

(Residence in Baltimore: No. 214 N Calvert St St.; 61 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: Black | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Oct (Month) 9 (Day), 1848 (Year)

7-AGE: 67 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: dont know

11-BIRTHPLACE OF FATHER (State or country): dont know.

12-MAIDEN NAME OF MOTHER: dont know

13-BIRTHPLACE OF MOTHER (State or country): dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Owens.

(Address) 911 Myrtle Ave.

15 Filed OCT 11 1915 ROBERT . KRAUTHOFF, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3 - , 1915, to Oct 9 1915.

that I saw h[illegible] alive on Oct 9th, 1915.

and that death occurred, on the date stated above, at 11.9 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ds.

(Signed) J. B. Bowen M. D.

9-11-, 1915 (Address) 117 N Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn. | DATE OF BURIAL: OCT 11 1915

20-UNDERTAKER: Walter Owens. | ADDRESS: 911 Myrtle Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(C8779) 126 (C8779)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1244 Sargeant ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Engel

(Residence in Baltimore: No. 1244 Sargeant St.; 50 yrs.. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov (Month) 26 (Day) 1863 (Year)

7-AGE, 51 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpet Weaver
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jno Hengst.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tillie Baumgarth

(Address) 1244 Sargeant St.

15- Filed OCT 11 1915, 191.. ROBERT . KRAUTER, Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9 1915, to Oct 8 1915, that I saw h alive on Oct 8 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Jos. H. E. Thomas M. D.

Oct 10, 191.. (Address) 103 N. Holland St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem.	Oct 12, 191..
20-UNDERTAKER Lilly & Zeile	ADDRESS 403 W Pratt

Spec.—8-24-14—M. & T.—2000 Blks.

C88750 — 104 — C88780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rita Concoran (Corcoran)

(Residence in Baltimore: No. 3670 Springdale Ave Forest Pk St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH: July (Month) 29 (Day), 1914 (Year)

7-AGE, 1 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Michael Concoran

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER, Loretta Dunn

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) John Hopkins Hosp.

15- Filed OCT 11 1915, 191.. ROBERT P. PRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6, 1915, to Oct 9, 1915, that I saw her alive on Oct 9, 1915, and that death occurred, on the date stated above, at 7 50 P. m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert W. Rountree M. D.

Oct 10, 1915. (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State yrs. 1 mos. ds.

Where was disease contracted, if not at place of death? 1

Former or usual residence 3673 Springdale Rd Forest Pk

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, 10/12, 1915

UNDERTAKER Henry W. Meade & Son — ADDRESS 605 N. Eutaw St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C88781

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 N Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin A. Fiertag

(Residence in Baltimore: No. 1016 N. Saratoga St.; 61 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. Sept 23, 1833 (Month) (Day) (Year)

7-AGE. 82 yrs. — mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): School Teacher

9-BIRTHPLACE. (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Royse

(Address) 1016 N Saratoga St

15- OCT 11 1915 Filed....., 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 10, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1915, to Oct 10 1915, that I saw h[illegible] alive on Oct 9, 1915, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

2

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) old age

0 (Duration) 0 yrs. ..... mos. ..... ds.

(Signed) Geo. E. Wellemeier M. D.

Oct 11, 1915. (Address) 1.0.1. Hadden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Paul's Lutheran Cemetery	Oct 12, 1915.
20-UNDERTAKER Mrs. A Robertson	ADDRESS 720 Park

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C88782

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88782

CERTIFICATE OF DEATH.

$ 80

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2037 McCulloh ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Strauss

(Residence in Baltimore: No. 2037 McCulloh St.: 70 yrs., mos. da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dec. 15, 1836 (Month) (Day) (Year)

7-AGE, 78 yrs. 9 mos. 24 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing Salesman

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Abraham Strauss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Kuhnmann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Solomon Strauss

(Address) 2037 McCulloh St

15- OCT 11 1915 Filed, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 10th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17th 1915, to Oct 10th 1915, that I saw h.m alive on Oct 9th 1915, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 4 yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. da.

(Signed) Louis P. Hamburger M. D.

Oct. 11, 191.5 (Address) 1207 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew — DATE OF BURIAL, Oct. 11, 191.5

20-UNDERTAKER J. Ahrens & Co — ADDRESS 1611 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

C88783

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88783

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C 84

CITY OF BALTIMORE: (No. 1603 N. Regester St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine A. Norwood

(Residence in Baltimore: No. 1603 N. Regester St.; life yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, May 2, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas H. Aburn

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sophia Ewald

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Saml R. Norwood

(Address) 1603 N. Regester

15. OCT 11 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 8th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7th 1915, to Oct 8th 1915, that I saw h[er] alive on Oct 7th 1915, and that death occurred, on the date stated above, at 7 a - m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. T. Tragesser M. D.

Oct 9th, 1915. (Address) 1654 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Oct 11, 1915.

20-UNDERTAKER Robt J. Turner

ADDRESS 1424 Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88784 64 C88784

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2512 W Baltimore St.; 20 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo J Walter

(Residence in Baltimore: No. 2512 W Baltimore ave St.; 64 yrs., mos. dys.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Dec 30 (Month), (Day), 1850 (Year)

7-AGE, 64 yrs. 9 mos. 9 da.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, John Walter

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Margaret Ritzoff

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Crean

(Address) 2512 W Baltimore St City

15- OCT 11 1915 101 ROBERT . KRAUTER, CITY REGISTRAR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 3 1915, to Oct 9 1915, that I saw h im alive on Oct 9 1915, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 3 yrs. 6 mos. 6 da.

CONTRIBUTORY (Secondary) Nephritis

(Duration) 1 yrs. mos. da.

(Signed) J L Stockton M. D.

Oct 1 1915. (Address) 911 N Fay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Oct 13 1915

20-UNDERTAKER Robt Talmert — ADDRESS 422 N Bway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88785 120 C88785

1-PLACE OF DEATH (Richmond City dist 2) REGISTERED NO. C

CITY OF BALTIMORE: (No. Albion Hotel St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arabella Russell

(Residence in Baltimore: No. Albion Hotel St.; ....yrs., mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July 12 1836, (Month) (Day) (Year)

7-AGE, 79 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At home.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, William Malley

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Andy Dougherty

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A. Manning

(Address) 915 N. Calvert St.

15- Filed OCT 11 1915 191 ROBERT . KRAETER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 11, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1914, to Oct 11 1915, that I saw h[illegible] alive on Oct 8 1915, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Cerebral Apoplexy

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(Duration) yrs. mos. ds.

(Signed) Henry B. [illegible] M. D.

Oct 11, 1915. (Address) 1017 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Oct. 12, 1915.

20-UNDERTAKER Henry H. Jenkins Sons Co. ADDRESS Orchard & McCulloh Sts.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 88786

CERTIFICATE OF DEATH.

151 C88786

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 12 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Smith

(Residence in Baltimore: No. 2012 Hunter St St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	black	

6-DATE OF BIRTH, Sept 22, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 13 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Smith

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Mary Matthias

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas K. Gahan

(Address) Mercy Hospital

15- Filed OCT 11 1915, 191.. NORBERT F. KRAUS Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 22 1915, to Oct. 5 1915, that I saw h[illegible] alive on Oct 5 1915, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

(Duration) ...yrs. ...mos. 13 ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edward P. Smith M. D.

Oct 6, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 1 mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence Mercy Hospital

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	Oct 11, 1915
20-UNDERTAKER Commissioner Health.	ADDRESS

WILLIAM WOODALL

Commuted

N.B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REGORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state
important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88787 C88787

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 McDonough St.; 7 WARD)

REGISTERED NO. C 99

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Spencer Lawrence Sr.

(Residence in Baltimore: No. 902 McDonough St. 20 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black.	Single

6-DATE OF BIRTH, Sept. 9, 1895
(Month) (Day) (Year)

7-AGE, 27 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General (Day)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Albert Lawrence

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Betsie Hall

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Thompson

(Address) 902 McDonough St

15- OCT 11 1915 ROBERT . KRAUTHER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9, 1915, to Oct. 10, 1915, that I saw him alive on Oct. 9, 1915, and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) General debility

(Duration) 4 yrs. mos. ds.

(Signed) C R Atkins M. D.

10/10/ 191 5 (Address) 611 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Oct. 12, 1915
20-UNDERTAKER Sam'l H. Grace & Son	ADDRESS 1400 W. Pratt

Spec.—8-24-14—M. & T.—2000 Blks.

C85783 C85783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Laura Edwards

(Residence in Baltimore: No. 609 E. 27th St. St.; 47 yrs., 3 mos. 9 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 1 (Day), 1868 (Year)

7-AGE, 47 yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, John P. Schmid

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Edwards

(Address) 609 E. 27 St

15- Filed OCT 11 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1915, to Oct 10 1915, that I saw h.. alive on October 10 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver
(Primary)

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism fatty

(Duration) yrs. mos. ds.

(Signed) J. M. Linton M. D.

Oct 16, 1915 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 609 E. 27th St.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem

DATE OF BURIAL, Oct 13, 1915

20-UNDERTAKER Tom Cook

ADDRESS 507 N. Car

Spec.—8-24-14—M. & T.—2000 Bks.

Isabella Durchhausen

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88789

C88789

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2822 Lanvale St.; 16 W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Durchhausen

(Residence in Baltimore: No. 2822 W. Lanvale St.; 75 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, April 13, 1840
(Month) (Day) (Year)

7-AGE, 75 yrs. 5 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Isiah Terry

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Martha Schmuck

13-BIRTHPLACE OF MOTHER (State or Country) Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Francis C Durchhausen
(Address) 2822 Lanvale St

15-OCT 11 1915 ROBERT . KRAUTER,
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1st 1915, to Oct 10 1915, that I saw her alive on Oct 10 1915, and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) John A Pentz M.D.

Oct 11th 1915 (Address) 1003 Taylor Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 2 yrs. ....mos. ....ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 2822 W. Lanvale

Former or usual residence 2822 W. Lanvale

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Greenmount Cem	Octo. 12., 1915.
20-UNDERTAKER William Cook	ADDRESS 502 E North ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

88790

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Hotel Allamont St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Johnson Key.

(Residence in Baltimore: No. Hotel Allamont St.; 50 yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ? (Month) ? (Day) 1840 (Year)

7-AGE, 75 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Insurance Broker
(b) General nature of industry, business, or establishment in which employed (or employer) Business

9-BIRTHPLACE, (State or Country), Louisianna

PARENTS.

10-NAME OF FATHER, Philip B. Key

11-BIRTHPLACE OF FATHER (State or Country), Georgetown

12-MAIDEN NAME OF MOTHER Mariah L. Sewall

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. Jenkins

(Address) Stevenson P.O. Md.

15- Filed OCT 11 1915, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1 191 5, to October 10 191 5, that I saw h alive on October 9 191 5, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of prostate

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 7 yrs. mos. ds.

(Signed) [illegible] M. D.

[illegible], 191 5. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cty — DATE OF BURIAL, Oct 12, 1915

20-UNDERTAKER Stewart & Co [illegible] — ADDRESS 107 W. Notte[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88791 C88791

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2140 W. North Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Ann Lusk

(Residence in Baltimore: No. 2140 W. North Ave St.; 1 yrs. 1 mos. de.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, September 24, 1835 (Month) (Day) (Year)

7-AGE, 80 yrs. 0 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John T. Lusk

11-BIRTHPLACE OF FATHER (State or Country) Pennsylvania

12-MAIDEN NAME OF MOTHER, Margaret Kearns

13-BIRTHPLACE OF MOTHER (State or Country) Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr John T Lust

(Address) 2140 W. North Ave

15- ROBERT . KRAUTER,

Filed OCT 11 1915 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1914, to Oct. 10 1915, that I saw h-e alive on Oct 9 1915, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Cancer of breast also involving glands of neck and axillary glands (Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John T Evans M. D.

10/11/15, 191... (Address) 1 E. 10th Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery

DATE OF BURIAL, Oct 12, 1915.

20-UNDERTAKER Stewart & Company

ADDRESS 108 W. North Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

088792

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 088792

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Eastern Ave St.; V WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josefa Ostapowsk,

(Residence in Baltimore: No. 1706 Eastern Ave St.; 25 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, About 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) Housework.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Joseph Kovalewska

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Josepha Suchmanska

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ostapowski

(Address) 1706 Eastern Ave

15-

Filed OCT 11 1915, 191. HARRY C. ANDERSON Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1- 1915, to Oct 10 1915, that I saw h[illegible] alive on Oct 9- 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis
(Pulmonary Stenosis)

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary. DATE OF BURIAL, Oct. 12, 1915

20-UNDERTAKER William Fialkowski ADDRESS 1618 Eastern ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8793

CERTIFICATE OF DEATH.

79

C8793

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Patapsco ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad C. Faust

(Residence in Baltimore: No. 1114 Patapsco St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. (Month) 10 (Day), 1855 (Year)

7-AGE, 59 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Thomsen Chem Co

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Conrad Faust

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie C. Faust

(Address) 1114 Patapsco St.

15-Oct 11 1915

Filed ....., 191.... Burial Permit Clerk

HARRY C. ANDREAS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 9 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 25 1915, to Oct 9 1915; that I saw h[illegible] alive on Oct 9 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Mitral Incompetency

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. 1 ds.

(Signed) R. C. R. Campbell M. D.

Oct 9, 1915. (Address) 1644 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Oct. 12, 1915

20-UNDERTAKER F. A. Krause

ADDRESS 703 Hanover St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-15—M. & T.—500 Blks.

C88791 C88791

HEALTH DEPARTMENT—CITY OF BALTIMORE.

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1155 W. Hamburg ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia E. Duvall

(Residence in Baltimore: No. 1155 W. Hamburg St.; 1 yrs. — mos. 20 da.)

N.B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 20, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. mos. 20 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Elmer Duvall

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Lilly Jordan

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Duvall

(Address) 1155 W. Hamburg St

15-

Filed OCT 11 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 8 1915, to Oct. 10 1915, that I saw h[illegible] alive on Oct 10 1915, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) 1 yr. mos. 5 da.

CONTRIBUTORY (Secondary) Dentition

(Duration) yrs. mos. 10 da.

(Signed) Shipley Dean M. D.

Oct 11, 1915 (Address) 1327 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Oct 12, 1915

20-UNDERTAKER Wm J. Tickner & Sons — ADDRESS P & C. ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8879.5

CERTIFICATE OF DEATH.

79 C8879.5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2143 W. Lexington St.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Donnelly

(Residence in Baltimore: No. 2143 W. Lexington St.; 70 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, (Month) Unknown (Day) , 1863 (Year)

7-AGE, 52 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Ad Department Store

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, Bernard Donnelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Ryan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Donnelly

(Address) 2143 W. Lexington

15- Filed OCT 11 1915 HARRY O. ANDREWS, 191. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 191 5, to Oct 10 191 5, that I saw h— alive on Oct 10 191 5, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Bright's Disease

Complications

(Duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. da.

(Signed) J. Veech M. D.

10/11/15 191... (Address) 224 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Oct 14..., 191.5

20-UNDERTAKER John F. Cowan

ADDRESS 901 Kelly Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88796 C88796

CERTIFICATE OF DEATH.

50

REGISTERED NO. C

1-PLACE OF DEATH Balt City H

CITY OF BALTIMORE: (No. 629 S Patterson park ave STA. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Schultze

(Residence in Baltimore: No. 629 S Patterson park ave St.; 53 yrs., 4 mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 9, 1862
(Month) (Day) (Year)

7-AGE, 53 yrs. 4 mos. 1 da.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster inspector
(b) General nature of industry, business, or establishment in which employed (or employer): Canned Liquor dealer

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Schultze

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Fritz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate E Schultze

(Address) 624 S Pattersonpark ave

15- OCT 11 1915 HARRY O ANDREWS

Filed ..... 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 10 —, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1915, to Oct 10 — 1915, that I saw h— alive on Oct 10 1915, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 6 yrs. mos. da.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 5 da.

(Signed) Dr E Mueller M. D.

Oct 10, 1915. (Address) 125 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetary

DATE OF BURIAL, Oct 13, 1915

20-UNDERTAKER Louis Heemann

ADDRESS 325 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C88797

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88797

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 336 N. Pulaski ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marjorie L. Hales

(Residence in Baltimore: No. 336 N. Pulaski St.; 1 yrs. 5 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 23 (Day) 1914 (Year)

7-AGE, 1 yrs. 5 mos. 16 ds. | If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), U.S. (Balto City)

PARENTS.

10-NAME OF FATHER, Jacob Hales

11-BIRTHPLACE OF FATHER (State or Country), U.S. Md

12-MAIDEN NAME OF MOTHER, Ida Thorle

13-BIRTHPLACE OF MOTHER (State or Country), U.S. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Hales

(Address) 336 N Pulaski St

15- OCT 11 1915 HARRY O. ANDREWS, Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1915, to Oct 9 1915, that I saw h— alive on Oct 9 1915, and that death occurred, on the date stated above, at 4.40 P m.

The CAUSE OF DEATH* was as follows:

Ulc Colitis

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Ulc. Pulmonalis

(Duration) ....yrs. ....mos. 5 ds.

(Signed) C. Alexander Lane M. D.

Oct 12, 1915. (Address) 24 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....dr. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem | DATE OF BURIAL, Oct 12, 1915

20-UNDERTAKER Henry Lutz | ADDRESS 1007 N Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C88798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88798

79

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1927 Fleet St.) V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalia Kamasinska

(Residence in Baltimore: No. 1927 Fleet St.; yrs., 12 ds.)

N.B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month) 15 (Day), 1851 (Year)

7-AGE, 64 yrs. 4 mos. 25 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marcian Kamasinska

(Address) 1927 Fleet

15- Filed OCT 11 1915, 19.. ADDRESS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH October (Month) 10th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. M. Sarazen M. D. (Coroner.)

Oct 11, 1915 (Address) 729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus	Oct 13th, 1915
20-UNDERTAKER M. F. Sadowski	ADDRESS 705 S. Ann

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

88799 154 88799

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 E. Heath ST. 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Hillershausen

(Residence in Baltimore: No. 9 E. Heath St.: 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 12th, 1841. (Month) (Day) (Year)

7-AGE, 74 yrs. 6 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Bange

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jason Klein

(Address) 9 E. Heath St.

15- OCT 11 1915 Filed, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 10th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19 1915, to Oct 10 1915; that I saw h[illegible] alive on Oct. 9th 1915, and that death occurred, on the date stated above, at 12:20 a. m.

The CAUSE OF DEATH* was as follows:

Influenza two days old age

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 10 ds.

(Signed) R. L. Campbell M. D.

Oct. 11., 1915. (Address) Health & Hanover Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Oct. 13th 1915.

20-UNDERTAKER Mr. & Mrs. John H. Penfold ADDRESS 34 Fayette

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2030 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 81

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.: 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura V. Hooper

(Residence in ~~Baltimore~~: No. Mercy Hospital St.: yrs. mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept. (Month) 13 (Day), 1841. (Year)

7-AGE, 69 yrs. 0 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James R. Arnold

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary J. Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas R. Hooper

(Address) Rock Hall Md.

15- OCT 11 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 10 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1915, to Oct 10 1915, that I saw h[illegible] alive on Oct 10 1915, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio-Sclerosis

(Duration) Last Year ds.

CONTRIBUTORY (Secondary) Senile Dementia

(Duration) Last yrs. mos. 2 ds.

(Signed) Edward P. Smith M. D.

Oct 10, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Rock Hall Md.

Former or usual residence Rock Hall Md.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery. DATE OF BURIAL, Oct 12th, 1915

20-UNDERTAKER Mrs. Mrs. John H. Teufel ADDRESS 848 W. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C8880l

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 2208 E Lonsdale ST.; 7 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No 18.)

2 FULL NAME Georgiana Irving

(Residence in Baltimore: No. 2208 E Lonsdale St.; — yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Nov 28th, 1826 (Month) (Day) (Year)

7 AGE: 88 yrs. 11 mos. 12 ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Burton

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Hall

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida J. Coleman

(Address) 2208 E Lonsdale St

OCT 11 1915 HENRY O ANDERS,

Filed ....., 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 10th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1915, to Oct 10th 1915, that I saw her alive on Oct 10, 1915, and that death occurred, on the date stated above, at 9.15 p m.
The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(Duration) 1 yrs. — mos. — ds.

Contributory (SECONDARY) Chronic Nephritis

(Duration) 1 yrs. — mos. — ds.

(Signed) C. C. Burke M. D.

Oct 11, 1915 (Address) 2000 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Annapolis Md — DATE OF BURIAL: Oct 13th, 1915

20 UNDERTAKER: H. Allen Fuller — ADDRESS: 2013 E Biddle St

C88802 C88802

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 115 E Randall St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E Severn

(Residence in Baltimore: No. 115 E Randall St.; —yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 10 (Day) 1861 (Year)

7-AGE: 54 yrs. 3 mos. 29 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Carroll Co. Md.

PARENTS

10-NAME OF FATHER: Elias Bradenburg

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary Fisher

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John T. Severn

(Address) 115 E. Randall St.

OCT 11 1915

Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 9 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1915, to, Oct 9th 1915, that I saw h.. alive on Oct 9th 1915, and that death occurred, on the date stated above, at 10 A.M. P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) 1 mos. 5 ds.

Contributory (SECONDARY) Acute nephritis

(Duration) 4 yrs 4 mos. 17 ds.

(Signed) J. T. Hawkins M. D.

Oct 11 1915 [Address] 1 E Randall St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Md — DATE OF BURIAL: Oct 12, 1915

20-UNDERTAKER: Geo D Gerting — ADDRESS: Dietz & Payson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88863 C88863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Mercy Hospital ST.; 7 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Halliday

(Residence in Baltimore—No. 507 N. Bradford St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... July (Month) 10 (Day), 1865 (Year)

7-AGE, 50 yrs. 3 mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer (in
(b) General nature of industry, business, or establishment in which employed (or employer): Fertilizing Plant

9-BIRTHPLACE, (State or Country), Centerville, Md.

PARENTS.

10-NAME OF FATHER, Solomon Halliday

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Alice Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Hughes

(Address) 507 N. Bradford

15- Filed OCT 12 1915 ROBERT J. BRAUTIGAM, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 10th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Burns, caused by acid phosphate covering up most of his body at the fertilizing plant where he was employed (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. H. Stevens, M. D. (Coroner.)

Oct 11, 1915. (Address) 739 Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 3 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? at Baughs Fertilizing Co.

Former or usual residence 507 N. Bradford St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Oct 13, 1915

20-UNDERTAKER Miller Davis — ADDRESS 1605 N. Eden St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88804 C88804

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Woodyear ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Kuprecht.

(Residence in Baltimore: No. 1315 Woodyear. St.; yrs., 6 mos. 11 ds.)

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Single.

6-DATE OF BIRTH, April. (Month) 11. (Day), 1915. (Year)

7-AGE, ...yrs. 6 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Kuprecht

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Beatrice Lahey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beatrice Kuprecht

(Address) 1315 Woodyear

15- Filed OCT 12 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 11. (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 19 1915, to Oct 11. 1915; that I saw h... alive on Oct 10 1915; and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Albert L. Driscoll M. D.

Oct 11, 1915. (Address) 2205 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters DATE OF BURIAL, Oct. 12., 1915.

20-UNDERTAKER M. Fahey & Sons ADDRESS 66 Lafayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C88805 — 28 — C88805

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 907 N. Stricker, St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sallie F. King.

(Residence in Baltimore: No. 907 N. Stricker. St.) 30 yrs. 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH July (Month) 28 (Day), 1885 (Year)

7 AGE 30 yrs. 2 mos. 12 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Washington N. King.

11 BIRTHPLACE OF FATHER (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Emma L. King.

13 BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma L. King.

(Address) 907 N. Stricker St.

15. Filed OCT 12 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. (Month) 10 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1915, to Oct. 10, 1915, that I saw h.r alive on Oct. 10, 1915, and that death occurred, on the date stated above, at 3 P. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) — yrs. 18 mos. — ds

Contributory (SECONDARY) Tuberculosis

(Duration) — yrs. — mos. — ds.

(Signed) Albert L. Chambers. M. D.

Oct. 12, 1915 (Address) 1012 N. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Greenmount Cem. — DATE OF BURIAL Oct. 13, 1915

20 UNDERTAKER Wm. J. Tickner & Son — ADDRESS North & Penna

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88805 — 42 C88806

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 N Caroline ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Sumner

(Residence in Baltimore: No. 1510 N Caroline St.; 56 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, unknown (Month) (Day), 1859 (Year)

7-AGE, 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Isaac Hess

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Eliza Dawyer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. Sumner

(Address) 1510 N. Caroline St

15- Filed OCT. 12 1915 ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 16th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1915, to Oct. 16th 1915, that I saw her alive on Oct 9th 1915, and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH was as follows:

(Clinical & Pathological Diag.)
Cancer of Uterus & Peritoneum
Secondary Fever & Abdominal Organs
(Duration) abt 1 year

CONTRIBUTORY (Secondary) B. Krauter
(Duration) yrs. 6 mos. ds.

(Signed) H. B. Krauter M. D.
Oct. 17, 1915. (Address) 1817 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Oct. 13, 191.

20-UNDERTAKER, Mahaney Sons — ADDRESS 606 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Martin Appel

C83807

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C83807

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 9 North Bond ST. 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Martin Appel

(Residence in Baltimore: No. 9 North Bond St.: 1 yrs. 2 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Child

6 DATE OF BIRTH: Aug. (Month) 5th (Day) 1914 (Year)

7 AGE: 1 yrs. 2 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Hyman Appel

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Etta Appel

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hyman Appel

(Address) 9 N. Bond St

OCT 12 1915 Filed 191

ROBERT J. KRAUTER, Assistant Vital Statistics Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 12th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1915, to Oct 11th 1915, that I saw h.... alive on Oct 11th, 1915, and that death occurred, on the date stated above, at 5 A m.
The CAUSE OF DEATH* was as follows:

Intestinal Intoxication

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. S. Hochheimer M. D.

Oct. 12th, 1915 (Address) 1731 E Baltimore st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale Cemetery

DATE OF BURIAL: October 12 1915

20 UNDERTAKER: S Levinson & Bro

ADDRESS 1107 E Baltimore st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Richard Borroughs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C38808

CERTIFICATE OF DEATH.

56 C38808

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Orchard - ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Borroughs -

(Residence in Baltimore: No. 522 Orchard - St.; yrs. 1 mos. Life da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col -

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1866 (Year)

7-AGE, 49 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Dept Store

9-BIRTHPLACE, (State or Country). Maryland Balto

PARENTS.

10-NAME OF FATHER, Richard Borroughs

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Borroughs

(Address) 522 Orchard St

15- Filed OCT 12 1915, 191.. ROBERT . KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 191 5, to Oct 10 191 5; that I saw h im alive on Oct 10 191 5; and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Complications of Disease

(Chronic Nephritis)

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Gen Exhaustion

(Duration) yrs. mos. 18 ds.

(Signed) Samuel A Bain M. D.

Oct 12, 1915. (Address) 937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 10/12, 191 5

20-UNDERTAKER Chas L T Hensley — ADDRESS 5 W Biddle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88809

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

CERTIFICATE OF DEATH.

C88809

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 833 Linden Avenue, ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Jones,

(Residence in Baltimore: No. 868 Tyson street, St.: yrs., Fife mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, November (Month) 22nd (Day), 1872. (Year)

7-AGE, 42 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver,
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Undertaker wagon,

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Amos Jones,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Rebecca Lee,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Lee, mother-in-law.,

(Address) 868 Tyson street.

15-Filed OCT 12 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 9th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Krumpe (Coroner.) M. D.

Oct. 10th 191 5. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Laurel Lawn

DATE OF BURIAL, 15th, 1915

20-UNDERTAKER Samuel L Kennedy

ADDRESS 5 & 8 Biddle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER SET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C88810

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1-PLACE OF DEATH — REGISTERED NO. C.

CITY OF BALTIMORE: (No 1910 Division St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy E. Jones

(Residence in Baltimore: No. 1910 Division St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female — 4-COLOR OR RACE Colored — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widowed

6-DATE OF BIRTH unknown (Month) (Day) (Year)

7-AGE 52 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic.
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE (State or country) Virginia

PARENTS

10-NAME OF FATHER unknown

11-BIRTHPLACE OF FATHER (State or country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Goodlow

(Address) 1910 Division

15- Filed OCT 12 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH October 9 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25, 1915, to, Oct 9 1915, that I saw her alive on Oct 9 1915, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Subacute Nephritis

(Duration) yrs mos. 15 ds.

Contributory (SECONDARY) (Duration) yrs mos ds.

(Signed), H. S. McCard, M. D.

10/11, 1915 [Address] 2005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. — In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Interment — DATE OF BURIAL 10/12 1915

20-UNDERTAKER Samuel S. Hemsley — ADDRESS 5780 Belair

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 704 Druidhill Avenue, St. 17 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Aidt,

(Residence in Baltimore: No. 704 Druidhill Avenue, St.; yrs. 4 7 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, April (Month) 12th (Day), 1868. (Year)

7-AGE,	If LESS than 1 day,
47 yrs. 5 mos. 28 ds.	....hrs. or.....mts.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retail dealer
(b) General nature of industry, business, or establishment in which employed (or employer): in shoes,

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Louis Aidt,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Mary Nau,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary F. Aidt, wife,

(Address) 704 Druidhill avenue.

15- Filed OCT 12 1915 ROBERT . KRAUTER, Special Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 10th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ....

(Duration) yrs. mos. ds.

(Signed) H. Frederick Kemper M. D.
(Coroner.)

Oct. 11, 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem	Oct 13, 1915
20-UNDERTAKER Mary W. Ellen	ADDRESS 1944 W. North Ave

Spec.—5-19-13—M. & T.—500 Bks.

C88812 C88812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1114 N. Mulberry St. ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Denger

(Residence in Baltimore: No. 1114 N. Mulberry St.; 60 yrs., 3 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 11 (Day), 1845 (Year)

7-AGE, 60 yrs. 3 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Private Families

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER. Peter Denger

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Elizabet Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew St. Will

(Address) 1114 N. Mulberry St.

15- Filed OCT 12 1915, 191... ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 1915, to Oct. 11 1915, that I saw her alive on Oct. 10 1915, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

(Signed) Jacob J. Kluge M.D. M. D.

Dec 11, 1915 (Address) 2012 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cy. DATE OF BURIAL. Oct 14, 1915

20-UNDERTAKER Harry W. Ehley ADDRESS 1941 W. Fordham

C88613 HEALTH DEPARTMENT—CITY OF BALTIMORE C88613

CERTIFICATE OF DEATH.

4 169

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Pratt St. Wharf ST. 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas. G. Cafey

(Residence in Baltimore, No. Docks & Pratt & Pratt & Fallsway St.; yrs. Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD—WRITE CLEARLY, WITH UNFADING INK

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH Dec 1 Unk, 1860
(Month) (Day) (Year)

7-AGE. 55 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer Unsk
(b) General nature of industry, business, or establishment in which employed (or employer) Drawing Dept

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Michael Casey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Graney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Michael J. Curtin
(Address) 2009 E. Biddle St

15-Filed OCT 12 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH October 10th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. H. Evans M. D.
(Coroner.)
Oct. 11, 191.. (Address) 1729 N. Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Catholic Cemetery
DATE OF BURIAL, Oct 13, 1915

20-UNDERTAKER Robt Kinnier
ADDRESS 1422 N. Bway

Major P. Kelson.

C88814

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C88814

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1370 N. Carey ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Major P. Kelson

(Residence in Baltimore: No. 1370 N. Carey St.: 30 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month) (Day), 1863 (Year)

7 AGE: 52 yrs. \ mos. \ ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: James Kelson

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Amanda Boardley

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas P. Kelson (brother)

(Address) 1510 Presstman St.

15. OCT 12 1915 Filed ..., 191 ROBERT . KRAUTHER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 9th (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1915, to Oct 9 1915, that I saw h[e] alive on Oct 9, 1915, and that death occurred, on the date stated above, at 1:45 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary, endocarditis and Sarcoma, Secondary Pathogen Pulmonary

(Duration) ... yrs. 2 mos. ... ds

Contributory (SECONDARY): Ex Examination

(Duration) ... yrs. ... mos. 12 ds.

(Signed) B W R Battle M. D.

10/10, 1915 (Address) 211 Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Oct. 12 1915

20 UNDERTAKER: Geo. W. Holland

ADDRESS: 517 Robert St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spitz—5-19-13—M. & T.—500 Bks.

C88815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C88815

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 403 E. 23. St ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irvin Smith

(Residence in Baltimore: No. 403 - 23 St - St.; 15 yrs.. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown. (Month) (Day), 1898 (Year)

7-AGE, 17 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer). Private family

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Geo. Smith.

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geary Carter

(Address) 403 E 23rd St

15- Filed OCT 12 1915 ROBERT · KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Oct 9 1915, that I saw him alive on Oct 9 1915, and that death occurred, on the date stated above, at 5.35 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

Hemorrhage of Lungs

(Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) GB a

(Duration) yrs. 1 mos. 2 ds.

(Signed) Dr. G. W. Kennard M. D.

Oct 10, 1915 (Address) 708 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Laurel Cemetery | DATE OF BURIAL. Oct 12 1915

UNDERTAKER Robert A. Elliott | ADDRESS 306 Rogers Ave

C8816 HEALTH DEPARTMENT---CITY OF BALTIMORE C8816

CERTIFICATE OF DEATH 31

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Maryland Penitentiary ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Bentley

(Residence in Baltimore: No. 103 Y alley. St.; 1 yrs. 2 mos. 1 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March - 3 (Month) (Day), 1896 (Year)

7-AGE: 19 yrs. 7 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Deck Hand
(b) General nature of industry, business, or establishment in which employed (or employer): Steam boat.

9-BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: Thomas Bentley

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Emma Turner

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M P Hamilton

(Address) Md. Penitentiary

15- Filed OCT 12 1915 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October - 8 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April - 15, 1915, to, Oct - 8 1915, that I saw him alive on October - 7 1915, and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Toxemia and Exhaustion

(Duration) yrs 1 mos ds.

Contributory (SECONDARY) Tubercular Peritonitis

(Duration) yrs 6 mos ds

(Signed) William H. Schwartz M. D.

October 8 1915 [Address] Md. Penitentiary

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 1 yrs mos 1 ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence 103 Y alley Baltimore, Md

19-PLACE OF BURIAL OR REMOVAL: Dixson Dale Wolf DATE OF BURIAL: Oct 13 1915

20-UNDERTAKER Gloster & Co ADDRESS James H Dunn 1305 Eastern

C88817

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C88817

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1412 E. Madison St. ST. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Ethel B Scott

(Residence in Baltimore: No. 1412 E. Madison St ST.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: October 21, 1899 (Month) (Day) (Year)

7 AGE: 15 yrs. 11 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Fred. Scott

11 BIRTHPLACE OF FATHER (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Emma B Jolly

13 BIRTHPLACE OF MOTHER (State or country): Balto. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frederick Scott

(Address) 1412 Madison St

15 Filed OCT 12 1915 19 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 9, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1915, to Oct 9, 1915.
that I saw h-- alive on Oct 6, 1915.
and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) P E Lilly M. D.

Oct 11, 1915 (Address) 500 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Oct. 12, 1915

20 UNDERTAKER: Mrs. G Locks ADDRESS: 1302 Jefferson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C88818 C88818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 134

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 939 N Bond ST. 7 WARD) REGISTERED NO. C

2-FULL NAME Elsie E Cooke

(Residence in Baltimore: No. 939 N Bond)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(36 yrs., 0 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Sept (Month) 10th (Day) 1879 (Year)

7-AGE, 36 yrs. 0 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jas W Conner

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emily Childress

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Cooke

(Address) 939 North Bond

15- Filed OCT 12 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 9th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

D Septicaemia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Abortion (Induced)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah L Purnell M. D. (Coroner.)

Oct 11th, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, Oct 13, 1915

20-UNDERTAKER William Eurk — ADDRESS, 502 E. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 (88819

120 (88819

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Schroeder

(Residence in Baltimore: No. 1110 Bradford St. St.; 15 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, May 5, 1874 (Month) (Day) (Year)

7-AGE, 41 yrs. 5 mos. 6 ds.

If LESS than 1 day: ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Francis Lenz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Teresa Siddel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Asst. Mercy Hospital

(Address) Eutaw & Lanvale Sts.

15- Filed OCT 12 1915 ROBERT . KRAUTER, Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 3 1915, to Oct. 11 1915, that I saw her alive on Oct. 11 1915, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Tuberculosis Hepatitis

(b)

(Duration) Yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) Yrs. 2 mos. 4 ds.

(Signed) Edward J. Sweet M. D.

Oct. 11, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 8 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1110 Bradford St.

Former or usual residence 1110 Bradford St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore DATE OF BURIAL, Oct. 14 1915

20-UNDERTAKER Wm Cook ADDRESS 30 E. Monument

C8820

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C8820

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. Hebrew Hospital ST.: 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Henry Leonard

(Residence in Baltimore: No. 2110 E. Fairmount Ave St.: yrs. Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov. (Month) 24, (Day) 1869 (Year)

7 AGE: 45 yrs. 11 mos. ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Plater Nickel
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md. Balto.

PARENTS

10 NAME OF FATHER: John Leonard

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josephine Leonard

(Address) 2110 E. Fairmount

15 OCT 12 1915 (Date Filed) ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 11, (Day) 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from September 28 1915. to. October 11 1915. that I saw him alive on October 11. 1915. and that death occurred, on the date stated above, at 8.20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) Oedema of Lungs

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) H. Kaelin M. D.

Oct 11th, 1915 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Emerson Hotel

Former or usual residence 2110 E. Fairmount Ave

19 PLACE OF BURIAL OR REMOVAL: S. E. Patricks Cem — DATE OF BURIAL: Oct. 14 1915

20 UNDERTAKER: Jos. J. Kerr — ADDRESS: 1914 E. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8882l

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Elliott ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Wierwinski

(Residence in Baltimore: No. 2827 Elliott St. St. Sept mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Sept (Month) 13 (Day), 1914 (Year)

7-AGE, 1 yrs. mos. 20 ds. IF LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Alexander Wierwinski

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Mary Gratowska

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Wierwinski

(Address) 2827 Elliott St

15- Filed OCT 12 1915 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 11 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 10 1915, to ——— 191 ; that I saw him alive on October 10 1915; and that death occurred, on the date stated above, at 1104 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 4 mos. ds.

(Signed) Leon S. Shorr M. D.

October 11 1915 (Address) 27 a.s. Fairfax

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem. DATE OF BURIAL, Oct 12, 1915

20-UNDERTAKER Stephan J Fralkowski ADDRESS 1013 S Kenwood Av

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88822 C88822

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Brunt ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Albert & Lucy Jenkins

(Residence in Baltimore: No. 1712 Brunt St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. White

4-COLOR OR RACE, C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, Oct. 11, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Mrs Fortune

9-BIRTHPLACE, (State or Country), 1712 Brunt St

PARENTS.

10-NAME OF FATHER, Albert Jenkins

11-BIRTHPLACE OF FATHER (State or Country), St Marys Co Md

12-MAIDEN NAME OF MOTHER Lucy Woods

13-BIRTHPLACE OF MOTHER (State or Country), St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- OCT 12 1915 ROBERT . KRAUTER
Filed ....., 191... Special Permit ...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 11 1915, to Oct 11 1915, that I saw h/ alive on Oct 11 1915, and that death occurred, on the date stated above, at 3.15 A m.

The CAUSE OF DEATH* was as follows:

..... Inmates Bath, Mrs. Fortune ..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm H. Wrenn M. D.

Oct 11, 1915 (Address) 1209 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. | DATE OF BURIAL, OCT 12 1915 191...

20-UNDERTAKER Commissioner Health | ADDRESS

Cremated

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88823 C88823

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 Hanover Court) (WARD) 23

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wrigley.

(Residence in Baltimore: No. 113 Hanover Court St.: 0 yrs. 0 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Single

6-DATE OF BIRTH: 10 (Month) – 11 (Day) 1915 (Year)

7-AGE: 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 7 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Augustus Crawford

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mary Wrigley

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augustus Crawford

(Address) 113 Hanover Court

15- OCT 12 1915 ROBERT , KRAUTH

Filed....., 191... Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10 – 11 1915., to 10 – 11 1915., that I saw h... alive on 10 – 11 1915., and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Prem. Pregnancy

0 (Duration) yrs. mos. ds.

(Signed) Wm. H. Lawrence M. D.

10-11, 1915 (Address) Hanover & Hughes

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn | DATE OF BURIAL, Oct 12, 1915

20-UNDERTAKER J. L. Brownson | ADDRESS 108 Fremont

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C88821 — 119 — C88821

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1737 Patapsco St.; 23rd WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George Winter (Winter)

(Residence in Baltimore: No. ~~1709 Patapsco~~ 737 Patapsco St.; 77 yrs. mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): ~~Single~~ Married

6 DATE OF BIRTH: Oct 2, 1838 (Month) (Day) (Year)

7 AGE: 77 yrs. 9 mos. 9 ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Junk Buyer
(b) General nature of industry, business, or establishment in which employed (or employer): Junk Buyer

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Winter

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Annie M. Winter

(Address) 1737 Patapsco St.

15. Filed OCT 12 1915, 191 — ROBERT . KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: ~~Oct~~ 11th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended ~~deceased~~ the deceased from Oct 9th, 1915, to Oct 11th, 1915, that I saw ~~him~~ her alive on Oct 11th 6 P.M., 191, and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) unknown (Duration) yrs. mos. ds.

(Signed) Edw. Wiley M. D.

Oct 11th, 1915 (Address) 1724 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: Oct. 14, 1915

20 UNDERTAKER: C. Fan McCully ADDRESS: 39 E. Fort

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C88825 — 104 — C88825

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2124 Maryland Ave ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 18.)

2-FULL NAME Hugh Brent

(Residence in Baltimore: No. 2124 Maryland Ave St.: — yrs. — mos. 9 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): ~~Single~~

6-DATE OF BIRTH: October 3d, 1915 (Month) (Day) (Year)

7-AGE: — yrs. — mos. 9 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Hugh Brent

11-BIRTHPLACE OF FATHER (State or country): Balto Md.

12-MAIDEN NAME OF MOTHER: Helen von Roden Vogeler

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harrison Brent

(Address) 200 E 31st St.

15- OCT 12 1915 ROBERT . KRAUTH REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 12th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3d, 1915, to Oct 12th 1915; that I saw him alive on Oct 11th, 1915; and that death occurred, on the date stated above, at 6.25 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Hemorrhage

(Duration) — yrs. — mos. 1 ds.

Contributory (SECONDARY) Gastro Intestinal Toxaemia

(Duration) — yrs. — mos. 3 ds.

(Signed) L. E. Neale M. D.

Oct 12th, 1915 (Address) 822 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Oct 12th 1915

20-UNDERTAKER: Stewart & Moore — ADDRESS: 108 W Mt Royal

Sophie Lewandowski

C88825 C88825

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No 1358 Reynolds St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophie Lewandowski

(Residence in Baltimore: No. 1358 Reynolds St.; 1 yrs. 5 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: May (Month) 11 (Day), 1914 (Year)

7-AGE: 1 yrs. 5 mos. 0 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md

PARENTS

10-NAME OF FATHER: James Lewandowski

11-BIRTHPLACE OF FATHER (State or country): Poland

12-MAIDEN NAME OF MOTHER: Pearl Rudwicki

13-BIRTHPLACE OF MOTHER (State or country): Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Lewandowski

(Address) 180 S Reynolds St.

15- Filed OCT 12 1915 ROBERT . BRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4, 1915, to, Oct 11 1915, that I saw her alive on Oct 9 1915, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) ... yrs ... mos. 10 ds.

Contributory (SECONDARY) Pneumonia

(Duration) ... yrs ... mos. 10 ds.

(Signed), Hubert C. Knapp M. D.

Oct 11, 1915 [Address] 1216 E. Preston

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary	Oct 17 1915
20-UNDERTAKER: William Fiaskowski	ADDRESS: 1618 Eastern Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS CERTIFICATE WHEN FILLED OUT IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C88527 C88827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 925 Fell ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ignacia Kozor.

(Residence in Baltimore: No. 925 Fell St.; ..... yrs., 9 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single.

6-DATE OF BIRTH, ... Dec. (Month) 21 (Day) 1914. (Year)

7-AGE, ... yrs. 9 mos. 21 ds. — If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Valentin Kozor.

11-BIRTHPLACE OF FATHER (State or Country) Austria Poland.

12-MAIDEN NAME OF MOTHER Salomea Yurkawa.

13-BIRTHPLACE OF MOTHER (State or Country). Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Valentin Kozor.

(Address) 925 Fell St

15- OCT 12 1915 ROBERT . KRAUTER, Filed ....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1915, to Oct 12 1915, that I saw h.. alive on Oct 11 1915, and that death occurred, on the date stated above, at 2.15 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia.

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Knox Dunlap M. D.

Oct 13, 1915. (Address) 723 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	Oct. 13th, 1915
20-UNDERTAKER M. F. Sadowski	ADDRESS 705 S. Ann

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88823 C88823

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Hartley

(Residence in Baltimore:) No. Maryland Genl. Hospital (Or, if not in Baltimore, how long in City:) yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, [redacted] (Month) (Day) (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Laurel Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lee French

(Address) Laurel Md

15- OCT 12 1915 ROBERT P. PRATTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 11th 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 9th 1915, to Oct 11th 1915, that I saw her alive on Oct 11th 1915, and that death occurred, on the date stated above, at 3:15 a m.

The CAUSE OF DEATH* was as follows:,

Mitral Insufficiency

(Duration) yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(Duration) yrs. ? mos. ? ds.

(Signed) Frank E. Shipley M. D.

Oct. 11 1915 (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State 65 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2002 Plymouth Ave.

19-PLACE OF BURIAL OR REMOVAL, Laurel Md — DATE OF BURIAL, Oct 14, 1915

20-UNDERTAKER J. J. Fahey & Sons — ADDRESS 131 E Eighty

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

(88829) HEALTH DEPARTMENT—CITY OF BALTIMORE (88829)

CERTIFICATE OF DEATH. 79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frau Sewich (Sawich)

(Residence in Baltimore: No. Johns Hopkins Hospital St.; — yrs., — mos. 22 ds.)

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1868 (Year)

7-AGE.	If LESS than 1 day,
47 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Fert Wks

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Joseph Zwaich

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER M. Hongh

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Frau Zwaich

(Address) Johns Hopkins Hospital

15- OCT 12 1915 HARRY O. ANDREWS, Filed....., 191..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 12th (Month), (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20th 1915, to October 12th 1915, that I saw h[er] alive on October 12th 1915, and that death occurred, on the date stated above, at 2:15 P.M.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

Myocardial insufficiency

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary infarct

(Duration) yrs. mos. 4 ds.

(Signed) John T. King Jr. M. D.

Oct 12th, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 22 ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1102 Pennington Ave Curtis Bay

19-PLACE OF BURIAL OR REMOVAL, Holy Cross. DATE OF BURIAL, Oct 14 1915

20-UNDERTAKER Frank Leach. ADDRESS 1906 Ashland ave

Spec.—8-24-14—M. & T.—2000 Bks.

C88830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88830

1-PLACE OF DEATH

REGISTERED No. C 89

CITY OF BALTIMORE: (No. 435 N Central Ave ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Dales

(Residence in Baltimore: No. 435 N Central Ave St.; 73 yrs.. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Unknown, 1841
(Month) (Day) (Year)

7-AGE, 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Samuel Anderson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sophia Dumpson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Coates

(Address) 435 N Central Ave

15- OCT 12 1915 HARRY O ANDREWS
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1915, to Oct 10 1915, that I saw h er alive on Oct 4 1915, and that death occurred, on the date stated above, at 2 00 p m.

The CAUSE OF DEATH* was as follows:

a
Acute Bronchitis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Debility

(Duration) yrs. 1 mos. ds.

(Signed) Walter W White M. D.

Oct 11, 1915. (Address) 1101 7 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Oct 12 1915

20-UNDERTAKER Hoff & Elliott

ADDRESS 504 Nayers Ave

Spec.--8-24-14--M. & T.--2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 (C8831)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Tiralla

(Residence in Baltimore: No. 1618 W. Fayette St. St.: ..... yrs., 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 31, 1913
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (Balto City)

PARENTS.

10-NAME OF FATHER, Joseph Tiralla

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lucia Stuckon

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert & E

15- OCT 12 1915
Filed ....., 191.... HARRY O. ANDREWS,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1915, to Oct 12 1915, that I saw him alive on Oct 12 1915, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition
Intussusception
about 5 days (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Dunet M. D.
Oct 12 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. 1 mos. ..... ds.

Where was disease contracted, if not at place of death? 1618 W. Fayette St

Former or usual residence 1618 W. Fayette St

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Oct 14 1915

20-UNDERTAKER G. F. Walker — ADDRESS 723 W. Fay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

J88832 28 C88832

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 842 N.Carey St. St.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William A.Alberger,

(Residence in Baltimore: No. 842 N.Carey St. St.: 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: July (Month) 27 (Day), 1837 (Year)

7 AGE: 78 yrs. 2 mos. 14 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods and Notions

9 BIRTHPLACE (State or country): Queens Anne Co.Md.

PARENTS

10 NAME OF FATHER: Jacob Alberger,

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Perkins,

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank J. Fallowfield

(Address) 842 N.Carey St.

15 Filed OCT 12 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 11 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1915, to Oct 11 1915, that I saw h im alive on Oct. 11, 1915, and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis & Lungs

(Duration) 10 yrs. mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Hamm A Todd M. D.

Oct 11, 1915 (Address) 737 W Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Sudlersville Md.

DATE OF BURIAL: October 14.1915

20 UNDERTAKER: Geo W Little

ADDRESS: 531 N.Fremont Av

C88833

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

C88833

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1042 W. Franklin street, ST.) 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Emma Devries,

(Residence in Baltimore: No. 1042 W. Franklin street, St.; 7 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed,

6-DATE OF BIRTH: ..... Unknown, ..., 1 .....
(Month) (Day) (Year)

7-AGE: 70 yrs. ? mos. ? ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Thomas J. Owen,

11-BIRTHPLACE OF FATHER (State or Country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Emily J. Wills,

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mazie O. Collars, niece.

(Address) 1803 Edmondson avenue.

15- OCT 12 1915 MARY O ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... October (Month) 11th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

..... Probably .....

..... Atheromatous Myocarditis, ...

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

Oct. 12, 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, Oct. 14 1915

20-UNDERTAKER Geo. W. Wells ADDRESS 531 N. Pennsylvania

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88831 — 35 — C88831

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1300 W Fountain St ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Jeffers.

(Residence in Baltimore: No. 1300 W Fountain St St.: Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 1 (Day), 1870 (Year)

7-AGE, 45 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sheet Iron
(b) General nature of industry, business, or establishment in which employed (or employer): Maker

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John E Jeffers

11-BIRTHPLACE OF FATHER (State or Country) Baltimore city

12-MAIDEN NAME OF MOTHER Annie Rye

13-BIRTHPLACE OF MOTHER (State or Country) Cumberland Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Jeffers

(Address) 1300 W Fountain St

15- Filed OCT 12 1915, 191... HARRY O. ANDREWS, Serial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1914, to Oct 12 1915, that I saw h[illegible] alive on Oct 11 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Gen'l Intercalosis

(Duration) 1 yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Oct 12, 1915. (Address) 108 N Patterson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, 15th, 1915.

20-UNDERTAKER Robt Brooks & Sons — ADDRESS Calhoun & Hollins

I.C.D.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88835 104 C88835

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4465 Furrow ST.; 20 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leona Young

(Residence in Baltimore: No. 446 E Furrow St.; yrs., 4 mos., 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 26 (Month) (Day) 1915 (Year)

7-AGE, ...yrs. 4 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Soul
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Alex Young

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lotta Gardner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lotta Young

(Address) 446 Furrow St

15- Filed OCT 12 1915 HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 11 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8th 1915, to Oct 11 1915, that I saw h[er] alive on Oct 11 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Marasmus & Colic

(Duration) ....yrs. 1 mos. ....ds.

(Signed) John L. Mangun M. D.

Oct 11, 1915. (Address) 1006 Edmonson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Oct 13 1915

20-UNDERTAKER Geo A Gerber — ADDRESS Balto Md

16.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C88836 119 C88836

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2559 W Balto St ST.) 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2 FULL NAME Sarah E. Nutter

(Residence in Baltimore: No. 2559 W Balto St ST.) 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~DIVORCED~~ (Write the word) Widow

6 DATE OF BIRTH Not known (Month) (Day) (Year)

7 AGE 60 yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER John Sparks

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm F Nutter

(Address) 2559 W Balto St

15 OCT 12 1915 MARY O. ANDREWS, Burial Permit Clerk

Filed ....., 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 10th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 9th, 1915, to Oct 10th 1915; that I saw h er alive on Oct 10th, 1915, and that death occurred, on the date stated above, at 11 45 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) unknown yrs. mos. ds

Contributory (SECONDARY) Coma

(Duration) yrs. mos. 1 ds.

(Signed) Harry Goldberg M. D.

10-12, 1915 (Address) 2031 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL London Park Cem — DATE OF BURIAL Oct 13, 1915

20 UNDERTAKER Geo A Gerber — ADDRESS Balto & Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD — WRITE PLAINLY, WITH PEN AND INDELIBLE INK

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C88837 — 78 C88837

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirm ST.; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Justus Hobelmann.

(Residence in Baltimore: No. 2214 E Balto. St.; 32 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. 22, 1861.
(Month) (Day) (Year)

7-AGE, 54 yrs. 7 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant Liquor

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Henry Hobelmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Lange

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johanne A. Hobelmann

(Address) 2214 E. Balto St.

15- Filed OCT 13 1915 191

ROBT. J. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 11, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1915, to Oct 11 1915, that I saw him alive on Oct 10 1915, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Acute Cerebral Oedema

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) not known yrs. mos. ds.

(Signed) Grant Hall Starr M. D.

Oct. 11, 1915. (Address) Church Home Infirm

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ½ ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 2214 E Balto St.

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Oct 13, 1915

UNDERTAKER H. Sander & Sons ADDRESS 1710 E Lat St

R.B. CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88838

CERTIFICATE OF DEATH.

4 150

C88838

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 W Lexington ST.; 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Pollard Norman

(Residence in Baltimore: No. 611 W Lexington St.; yrs. mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July 20, 1915 (Month) (Day) (Year)

7-AGE, yrs. 7 mos. 22 da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Easton Md.

PARENTS.

10-NAME OF FATHER. Edw. McN. Norman

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER. Catorary McNamara

13-BIRTHPLACE OF MOTHER (State or Country) Dorchester Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Edw. N. Norman

(Address) 611 W. Lexington St.

15- Filed OCT 13 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 11 1915, to Oct 12 1915, that I saw him alive on Oct 11th 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus. From birth. Has been very ill in Easton Md. two days ago

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. C. Smith M. D.

Oct 12, 1915. (Address) 1605 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Country	Oct 13, 191...
20-UNDERTAKER	ADDRESS
J. Maurice Poston	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88539 88539

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Provmount died at Mercy Hospital St. 22 Ward)

REGISTERED No. C 186

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Lewis

(Residence in Baltimore: No. 835 Leadenhall St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-~~SINGLE,~~ MARRIED, ~~WIDOWED,~~ OR ~~DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1853 (Year)

7-AGE, 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Stone-worker.

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, George Lewis

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Tabitha Drummond

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Mrs. Lewis (Son).....

(Address)... 835 Leadenhall St.

15- OCT 13 1915 ROBERT . BRAUCHER, Filed....., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 12, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

accident - Crushed skull caused by slab of marble falling on him.

Immediate

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hugo Rohrbaugh M. D. (Coroner.)

Oct. 13, 1915. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Oct 15, 19..

20-UNDERTAKER L. L. Brown's Son — ADDRESS 108 N. Monty

Spec.—8-24-14—M. & T.—2000 Blks.

(88840) HEALTH DEPARTMENT—CITY OF BALTIMORE 104 688840

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Hanover St. 23 WARD) REGISTERED No. C.....

2-FULL NAME Josephine F. Rass

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1723 Hanover St.; St.; ..... yrs., 7 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Mar (Month) 11 (Day), 1915 (Year)

7-AGE, ... yrs. 7 mos. ..... ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER Alphus Rass

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jesse Latchford

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rass

(Address) 1723 Hanover St.

15- Filed OCT 13 1915 ROBERT . KRAUTER, Registrar. Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1915, to Oct 11 1915, that I saw her alive on Oct 10 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) R. D. Campbell M. D.

Oct 12, 1915. (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery | DATE OF BURIAL, Oct. 13 1915

20-UNDERTAKER Mrs J. E. Evans Son | ADDRESS 1428 S. Kane St

CAUSE OF DEATH in plain terms, so that it may be carefully applied. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate.

C88841 C88841

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1126 N Monroe St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Barnes

(Residence in Baltimore: No. 1126 N Monroe St. 4 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept (Month) 28 (Day) 1864 (Year)

7-AGE: 51 yrs. mos. 13 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Assistant Purser on Boat.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Philadelphia Pa.

PARENTS

10-NAME OF FATHER: Chas Spencer Barnes

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Anne Maria Moore

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Nellie Barnes

(Address) 1126 N Monroe

15- Filed OCT 13 1915 1911 ROBERT J. MEAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25, 1915, to Oct 11 1915, that I saw h~~im~~ alive on Oct 11 1915, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver

(Duration) yrs 4 mos ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) Edward Edwards M. D.

Oct 12 1915 [Address] 3702 N North Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 4 yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence: 1126 N Monroe Baltimore Md

19-PLACE OF BURIAL OR REMOVAL: St. Mary's Co. Md. — DATE OF BURIAL: Oct 14 1915

20-UNDERTAKER: Frank H. Witzke — ADDRESS: 1531 W Lanvale St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C88642

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418 McElderry ST.; 7 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Llewellyn

(Residence in Baltimore: No. 2418 McElderry St.; 55 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1860 (Year)

7-AGE, 55 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Collins

(Address) 2418 McElderry St.

15- Filed OCT 13 1915 ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct (Month) 11 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1915, to Oct 12 1915, that I saw h[illegible] alive on Oct 12 1915, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. 14 ds.

(Signed) Alonzo B Lennard M. D.

Oct 13, 1915. (Address) 718 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Oct. 14th, 1915.

20-UNDERTAKER George Schilling & Son — ADDRESS 1126 E Monument

C88843

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C88843

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 3204 Cedar Ave St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lional Harryard Hare

(Residence in Baltimore: No. 3204 Cedar Ave St.: yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: July 8, 1915 (Month) (Day) (Year)

7-AGE: yrs. 3 mos. 4 ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balt City

PARENTS

10-NAME OF FATHER: Andrew Hare

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Alberta Sweetman

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Hare

(Address) 3204 Cedar Ave

15- Filed OCT 13 1915 ROBERT . KRAUTER Registrar of Vital Statistics

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 12, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7th, 1915, to October 11 1915; that I saw h[illegible]tive on October 11, 1915; and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) C J Davis M. D.

10-12, 1915 (Address) 800 W 33rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Mary's Hampden — DATE OF BURIAL: Oct 14, 1915

20-UNDERTAKER: Chesnut Hearse — ADDRESS: Chestnut [illegible]

C88844

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C88844

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1107 E Fort Ave St.: 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Fannie E Jackson

(Residence in Baltimore: No. 1102 E Fort Ave St.: 53 yrs. 10 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec 7, 1861 (Month) (Day) (Year)

7 AGE: 53 yrs. 10 mos. 2 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Geo. W. Thompson

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Sarah E. Merson

13 BIRTHPLACE OF MOTHER (State or country): Balto Co. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Lucie Emerick

(Address) 1102 E. Fort ave

Filed OCT 13 1915, 19

ROBERT . KRAUTER,
Vital Statistics Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 9, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1915, to Oct 9, 1915, that I saw her alive on Oct 9, 1915 and that death occurred, on the date stated above, at 9.30 P m

The CAUSE OF DEATH* was as follows:

Pleurisy

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Chronic Parenchymatous Nephritis

(Duration) yrs. mos. ds.

(Signed) Sidney H. Streett M. D.

Oct 12 1915 (Address) 1431 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Oct. 13, 1915

20 UNDERTAKER: H. & W. D. Flynn — ADDRESS: 1455 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C88645

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88645

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 14 WARD) REGISTERED No. C

2-FULL NAME Elizabeth Harman.

(Residence in Baltimore: No. 2136 Druid Hill Ave. St.; yrs. 70 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 7., ..., 1..... (Month) (Day) (Year)

7-AGE, 67 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Family

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). ?

12-MAIDEN NAME OF MOTHER Elizabeth Washington

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Harman

(Address) 2136 Druid Hill Ave.

15- Filed OCT 13 1915 ROBERT KRAUTER, Registrar. 191.....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 11, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accident - Struck by electric car - Shock.

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. R. Chambers M. D. (Coroner.)

Oct. 13, 191.5 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence 2136 Druid Hill

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Oct. 13., 19.15.

20-UNDERTAKER John H. Ormond — ADDRESS 1211 Pennsylvania

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88846 C88846

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 E. Monument St.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME John Valentine Dietz

(Residence in Baltimore: No. 2017 E Monument St.; 36 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 26 (Day), 1870 (Year)

7-AGE, 45 yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloonkeeper
(b) General nature of industry business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frank M. Dietz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Dietz

(Address) 2017 E. Monument St.

15-Filed OCT 13 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 12 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 16 1913, to Oct 12 1915, that I saw h[illegible] alive on Oct 11 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 3 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. 3 mos. ds.

(Signed) Edward J. Kroh M. D.

10/13, 191... (Address) 403 N. Washington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct 15 1915

20-UNDERTAKER, Philip Henry — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(88847) 79 (88847)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2436 Eager Place ST.: 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Roberts

(Residence in Baltimore: No. 2436 Eager Place St.: 8 yrs., 9 mos. 11 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 31, 1906 (Month) (Day) (Year)

7-AGE, 8 yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... School

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, Frank A. Roberts

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Catherine Stuber

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Frank Roberts

(Address) 2436 Eager Place

15- Filed OCT 13 1915 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 12, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1914, to Oct 11 1915, that I saw h er alive on Oct 11 1915, and that death occurred, on the date stated above, at 12 32 a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Trouble

(Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Dropsy

(Duration) 1 yrs. 6 mos. ds.

(Signed) C. H. Lollenberg M. D.

Oct 13 1915. (Address) 1810 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Returned

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Oct. 14, 1915

20-UNDERTAKER Penney Hoech Sey — ADDRESS 1301 E Eager St

C88843 C88843

HEALTH DEPARTMENT---CITY OF BALTIMORE.

CERTIFICATE OF DEATH

79

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 25 N. Mount ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Frederick Stiner

(Residence in Baltimore: No. 25 N. Mount St.; 82 yrs. 2 mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widower

6-DATE OF BIRTH: August (Month) 10 (Day) 1833 (Year)

7-AGE: 82 yrs. 2 mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk B&O RR
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto city

PARENTS

10-NAME OF FATHER: Abraham Stiner

11-BIRTHPLACE OF FATHER (State or country): Balto city

12-MAIDEN NAME OF MOTHER: Malvina Bowersox

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mamie Derr

(Address) 25 N. Mount St

15- Filed OCT 13 1915 ROBERT . KRAUTER, Special Deputy Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 12 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 26, 1915, to, October 12, 1915, that I saw h.. alive on Oct 12th 1915, and that death occurred, on the date stated above, at 6:15 a.m.

The CAUSE OF DEATH* was as follows:

Coma

Contributory (SECONDARY) Mitral Regurgitation (Duration) yrs 1 mos 16 ds

(Signed), Mrs. J. F. Blayney M. D.

Oct 12" 1915. (Address) 1103 Eutaw St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Oct. 14 1915

20-UNDERTAKER: Joseph B. Cook ADDRESS: 1103 West Baltimore St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88849

CERTIFICATE OF DEATH.

34

REGISTERED No. C 88849

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 E. Montgomery ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilburn B. Thomas

(Residence in Baltimore: No. 9 E. Montgomery St.; 15 yrs., — mos. — da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November (Month) 18 (Day), 1890 (Year)

7-AGE, 24 yrs. 10 mos. 24 dys. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Masson's Express Co.

9-BIRTHPLACE, (State or Country), Anne Arundel Co. Md.

PARENTS.

10-NAME OF FATHER, Frank Thomas

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co. Md.

12-MAIDEN NAME OF MOTHER Mollie McKenney

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mollie Lucas

(Address) 9 E. Montgomery St.

15. OCT 13 1915 Filed ..... 191. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15 1915, to Oct 11 1915, that I saw him alive on Oct 11 1915, and that death occurred, on the date stated above, at 9.45a m.

The CAUSE OF DEATH* was as follows:

1. Renal Urinary Tuberculosis

(Duration) ... yrs. 9 mos. 11 da.

CONTRIBUTORY (Secondary) General Tuberculosis

(Duration) ... yrs. 4 mos. ... da.

(Signed) M. A. Wenbora M. D.

Oct. 12, 1915 (Address) 1504 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Oct 15, 1915

20-UNDERTAKER Joseph B Cook

ADDRESS 1003 Baltimore St

C88850 C88850

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C 92

CITY OF BALTIMORE: (No. 3420 Garrison Ave 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Michael O'Herron

(Residence in Baltimore: No. 3420 Garrison Ave St.; — yrs. 3 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: April (Month) 2nd (Day), 1856 (Year)

7-AGE: 59 yrs. 6 mos. 11 ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Sewer

9-BIRTHPLACE (State or country): Pa

PARENTS

10-NAME OF FATHER: Patrick O'Herron

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Dont know

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward O'Herron

(Address) 3420 Garrison Av

15- Filed OCT 13 1915 191 ROBERT . FRAUTER, REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 13th (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 11th, 1915, to Oct 13th 1915, that I saw him alive on Oct 12th 1915, and that death occurred, on the date stated above, at 1.05 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Collapse

(Duration) ... yrs. ... mos. 24 hrs

Contributory (SECONDARY) Lobar Pneumonia (Resolving)

(Duration) ... yrs. ... mos. 3 ds.

Signed Chas. F. Mortimer M. D.

Oct 13 1915 [Address] 5307 Fairmount

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs 3 mos ... ds. In the State ... yrs 3 mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Pittsburg Pa

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Pittsburg. Pa.	Oct 15th 1915
20-UNDERTAKER: Joseph B Cox	ADDRESS: 103 Hood Baltimore St

Spec.—8-24-14—M. & T.—2000 Blks.

C88851

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88851

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hospt. ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Conway

(Residence in Baltimore: No. Md. Genl Hosp St.; yrs., mos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. 22 (Month) (Day), 1882 (Year)

7-AGE, 32 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Gr Store

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Richard Conway

11-BIRTHPLACE OF FATHER (State or Country), Richmond, Va.

12-MAIDEN NAME OF MOTHER Mary A Conway

13-BIRTHPLACE OF MOTHER (State or Country), Phila. Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Conway

(Address) 5 E & W Baltr

15- Filed OCT 13 1915 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 12th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 5th 1915, to Oct 12th 1915, that I saw him alive on Oct. 12th 1915, and that death occurred, on the date stated above, at 2.45 A.m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Typhoid Fever

(Duration) yrs. mos. 23 ds.

(Signed) Frank E Shipley M. D.

Oct. 12th 1915 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Emmet Ave. Arlington, Md

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct 13, 1915

20-UNDERTAKER Jas. Dignan Son — ADDRESS 1000 S. Paca

Spec.—8-24-14—M. & T.—2000 Blks.

C88852 C88852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur L. Shelton

(Residence in Baltimore: No. 1013 William St. St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Jan. 25, 1901. (Month) (Day) (Year)

7-AGE, 14 yrs. 8 mos. 17 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Boy

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Arthur Shelton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lydia Arnold

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) George W. Gowes
(Address) 1013 William St.

15- OCT 13 1915 Filed....., 191.... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 12, 1915. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct. 12 1915, to Oct. 12 1915, that I saw him alive on Oct. 12 1915 and that death occurred, on the date stated above, at 1028 A.M.

The CAUSE OF DEATH* was as follows:
Subacute Meningitis
(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) ?
(Duration) ...yrs. ...mos. ...ds.

(Signed) Edward A. Smith M. D.
Oct. 13 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. 1 mos. In this State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death? 1013 William St
Former or usual residence 1013 William St

19-PLACE OF BURIAL OR REMOVAL, MOUNT OLIVET
DATE OF BURIAL, OCT 15 1915
20-UNDERTAKER ARMSTRONG-DENNY CO.
ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C88853

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88853

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Bruinsky

(Residence in Baltimore: No. 745 N. Milton Ave. St.; 28 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: April 23, 1887 (Month) (Day) (Year)

7-AGE: 28 yrs. 6 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John Storky

11-BIRTHPLACE OF FATHER (State or Country): Bohemia

12-MAIDEN NAME OF MOTHER: Marie Milky

13-BIRTHPLACE OF MOTHER (State or Country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bruinsky

(Address) 745 N. Milton Ave.

15- OCT 13 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Oct 11 1915, that I saw h-r alive on Oct 11 1915, and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever —
Pneumonia

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchial Pneumonia

(Duration) mos. 8 ds.

(Signed) Oscar V. Reinhardt M. D.

(Address) St. Joseph's Hospital

Oct 11, 1915.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? 745 N Milton Ave

Former or usual residence 745 N Milton Ave.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Oct 14, 1915
20-UNDERTAKER	ADDRESS
Geo M. Frink	611 N Howard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88854 C88854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2320 E Chase ST. 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Hromadnik

(Residence in Baltimore: No. 2320 E Chase St.; yrs., 30 mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Dec (Month) 27th (Day), 1867 (Year)

7-AGE, 47 yrs. 9 mos. 16 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Austria

PARENTS.

10-NAME OF FATHER: Frank J. Hromadnik

11-BIRTHPLACE OF FATHER (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Anna Rusa

13-BIRTHPLACE OF MOTHER (State or Country): Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Hromadnik

(Address) 2320 E Chase St

15- OCT 13 1915 Filed....., 191.... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 12th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Nephritis

(Duration) ....yrs. ....mos. ....da.

(Signed) Elijah A. Kressler M. D. (Coroner.)

Oct. 12th, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 14 1915

20-UNDERTAKER: Frank L Crack Sons — ADDRESS: 1904 Eastern Ave

Spec.—8-24-14—M. & T.—2500 Edn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88855 C88855

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 S. Lakewood Ave STR. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Ruth Thomas

(Residence in Baltimore: No. 718 S. Lakewood Ave S. 4 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. (Month) 22nd (Day), 1915 (Year)

7-AGE, ... yrs. 7 mos. 20 da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City Md

PARENTS.

10-NAME OF FATHER, Charles E. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md

12-MAIDEN NAME OF MOTHER Lena Erlund

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Thomas

(Address) 718 S. Lakewood Ave

15- OCT 13 1915 HARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 11 1915, to Oct 12 1915, that I saw her alive on Oct 12 1915, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Convulsions

Intestinal 24 hrs.

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) ..... yrs. ..... mos. 11 da.

(Signed) J. Wolman M. D.

Oct 13, 1915. (Address) 165 Berry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem.	Oct 14th, 1915
20-UNDERTAKER	ADDRESS
H. Sander Sons	1710 Eutaw St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88556 79 C88556

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Bentalou ST.: 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Windsor

(Residence in Baltimore: No. 1810 Bentalou St.: ....yrs., 6 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct. (Month) 5 (Day), 1836 (Year)

7-AGE, 79 yrs. ....mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas. H. Murphy

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Richardson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Flora W. Peters

(Address) 1810 Bentalou St.

15- Filed OCT 13 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 8 1915, to October 12 1915; that I saw h er alive on October 11 1915; and that death occurred, on the date stated above, at 9:0 m.

The CAUSE OF DEATH* was as follows:

Nephritis
Arterio-Sclerosis
Myocarditis
(Duration) 5 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Nephritis - Arterio Sclero.
(Duration) 5 yrs. ....mos. ....ds.

(Signed) Geo. W. Billings M. D.

Oct. 13 1915. (Address) 2727 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Clarksburg, Md. DATE OF BURIAL, Oct. 14 1915

20-UNDERTAKER Wm. E. Black ADDRESS 927 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C88857 C88857

CERTIFICATE OF DEATH.

D

1-PLACE OF DEATH CITY OF BALTIMORE: (No. Franklin Sq Hos St.; 15 WARD) REGISTERED NO. C 129

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Ryan

(Residence in Baltimore: No. 1822 Whitmore ave, St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1860 (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (Balto City)

PARENTS.

10-NAME OF FATHER, Jno Hyde

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Perry

(Address) 1828 Whitmore Ave

15- OCT 13 1915 Filed, 191 HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1915, to Oct 12 1915; that I saw her alive on Oct 12 1915; and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroma

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) yrs. mos. 4 ds.

(Signed) H. O. Evans M. D.

Oct 12 1915 (Address) Franklin Sq Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State 55 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1822 Whitmore ave,

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cemetery DATE OF BURIAL. Oct 14 1915

20-UNDERTAKER. Fitzpatrick ADDRESS 2433 North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88853

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C88858

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 434 E Federal St ST.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Johnson

(Residence in Baltimore: No. 434 E Federal St St.: 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown ..... (Month) ..... (Day), 1870 (Year)

7-AGE: about 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): md

PARENTS

10-NAME OF FATHER: Charles McElderry

11-BIRTHPLACE OF FATHER (State or country): md

12-MAIDEN NAME OF MOTHER: Caroline Green

13-BIRTHPLACE OF MOTHER (State or country): md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Caroline Ellis

(Address) 434 E Federal St.

OCT 14 1915 Filed ....., 191.. ROBERT . KRAUTER, Vital Records Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) . 11 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from oct 9, 1915, to oct 11 1915, that I saw h[er] alive on oct 11, 1915, and that death occurred on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease of Bright's Disease

(Duration) yrs. 3 mos. ..... ds

Contributory (SECONDARY) Oedema of Lungs

(Duration) yrs. ..... mos. 2 ds.

(Signed) J. M. Slingluff M. D.

Oct. 13, 1915 (Address) 127 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Oct. 14, 1915

20-UNDERTAKER: Robert A Elliott — ADDRESS: 505 Rogers Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88859 — 138 — C88859

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7414 Francis St) (WARD 17)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Grace O. Hall

(Residence in Baltimore: No. 7414 Francis St.) (30 yrs. 3 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE, W'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 6th, 1885 (Month) (Day) (Year)

7-AGE, 30 yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER Henry Hilt

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hannah E Hutchins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard C. Hall

(Address) 7414 Francis St

15- OCT 14 1915 ROBERT J. KRAUTER
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 12th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl. 1915, to Oct. 12 1915, that I saw h[illegible] alive on Oct 12 1915, and that death occurred, on the date stated above, at 8.50 a m.

The CAUSE OF DEATH* was as follows:
Uremia & Brights Dis.
Pregnancy (3 mos.)
(Duration) yrs. 7 mos. D. ds.
CONTRIBUTORY (Secondary) Uremic Convulsion
(Duration) yrs. mos. ds.

(Signed) [signature] M. D.
Oct. 13, 1915. (Address) 1605 N. Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Oct. 15, 1915

20-UNDERTAKER George J. Smith — ADDRESS [illegible] Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Lillian V. Mowbray.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH Nursery & Childs Hosp

REGISTERED NO. C

CITY OF BALTIMORE: (No. Franklin & Schroeder St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Va Mowbray

(Residence in Baltimore: No. Nursery & Childs Hosp St.; yrs., mos. 11 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Sept. (Month) 21 (Day), 1914 (Year)

7-AGE, yrs. mos. 1 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery & Childs Hosp

(Address) Franklin & Schroeder

15- OCT 14 1915 ROBERT . KRAUTER

Filed....., 191.. Special Deputy Clerk

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to Oct 13 1915, that I saw h W alive on Oct 13 - 15 1915, and that death occurred, on the date stated above, at 9.30 P.m.

The CAUSE OF DEATH* was as follows:

Elementary decomposition

(Duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Premature birth

(Duration) yrs. mos. da.

(Signed) Jean B. Friedenwald M. D.

Oct. 13, 1915. (Address) 816 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 da. In the State yrs. mos. 11 da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Oct. 14, 1915

20-UNDERTAKER George J. Smith

ADDRESS Fayette St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 (888861) 104 (888861)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Nursery & Childs Hosp. REGISTERED NO. C

CITY OF BALTIMORE: (No. Franklin & Schroeder St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Grill

(Residence in Baltimore: No. Nursery & Childs Hosp St.; yrs. 1 mos. 17 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, ... (Month) Aug. (Day) 8 ....., (Year) 1914.

7-AGE, ... yrs. 1 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery & Childs Hosp

(Address) Franklin & Schroeder

15- Filed OCT 14 1915. ROBERT A. BRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Oct (Month) 13 (Day) ....., 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18 1915, to Oct 13 1915, that I saw h[illegible] alive on Oct 13 1915, and that death occurred, on the date stated above, at 7:40 A.M.

The CAUSE OF DEATH* was as follows:

Marasmus, Inanition 2 mos.

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. B. Freudenwald M. D.

Oct. 13, 1915. (Address) 616 Fountain Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 17 ds. In the State yrs. 1 mos. 17 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery | DATE OF BURIAL, Oct. 15 1915

20-UNDERTAKER George J. Smith | ADDRESS 1600 Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 C88862

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Frances E. McEarron

(Residence in Baltimore: No. 2535 E Monument St.; 39 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb. 16th, 1876.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
39 yrs. 7 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Francis Jordan

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Ann Jordan

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James F. McEarron

(Address) 2535 E. Monument St

15- Filed OCT 14 1915, 191.. Burial permit issued. ROBERT J. BRADY, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 12, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 11 1915, to Oct 12 1915, that I saw her alive on Oct 12 1915, and that death occurred, on the date stated above, at 7.10 a.m.

The CAUSE OF DEATH* was as follows:

Uraemic Poisoning

Probably Acute Nephritis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 2 hrs.

(Signed) Ernest Fitz Regan M. D.

Oct 12, 191.5 (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 39 yrs. mos. ds.

Where was disease contracted, if not at place of death? 2535 E Monument St

Former or usual residence 2535 E Monument St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Oct. 15, 1915.
20-UNDERTAKER Lilly & Zeiler	ADDRESS 408 N. Mogford

Spec.—8-24-14—M. & T.—2000 Bks.

C88863

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88863

CERTIFICATE OF DEATH.

X124

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Allen.

(Residence in Baltimore: No. Johns Hopkins Hospital St.; — yrs., — mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 19, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 2 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, J. J. Williams

11-BIRTHPLACE OF FATHER (State or Country), W Va

12-MAIDEN NAME OF MOTHER Jane Maynor

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P Phelps

(Address) Johns Hopkins Hosp.

15- OCT 14 1915 ROBERT . BRADLEY, Registrar.
Filed

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 13, 1915.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 28 1915, to Oct 13 1915, that I saw her alive on Oct 13 1915, and that death occurred, on the date stated above, at 6.40 p m.

The CAUSE OF DEATH* was as follows:

Uraemia and Peritonitis following Double Pyonephrosis & Rupture of Bladder (Urinary)

(Duration) 2 yrs. 0 mos. 10 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) 8 yrs. 0 mos. 0 ds.

(Signed) L. P. Thompson M. D.

Oct 14, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 17 ds. In the State ....yrs. ....mos. 17 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Princeton W. Va

19-PLACE OF BURIAL OR REMOVAL, Princeton W. Va. DATE OF BURIAL, 10/14/1915

20-UNDERTAKER Chas. J. Ewald & Son ADDRESS 1180 Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88864

CERTIFICATE OF DEATH.

64 C88864

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 Holbrook ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Margaret Duncan

(Residence in Baltimore: No. 1501 Holbrook St.; Lifetime yrs., mos., da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Sept 16 (Month) (Day), 1862 (Year)

7-AGE. 53 yrs. 1 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John Fox

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Miller

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Grace Duncan

(Address) 1501 Holbrook St.

15- OCT 14 1915 ROBERT ..... KRAUTER

Filed....., 191.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct (Month) 13 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 2, 1915, to Oct 13, 1915, that I saw her alive on Oct 13, 1915, and that death occurred, on the date stated above, at 2.55 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration)....yrs....mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) J. Lee Magruder M. D.

Oct 13, 1915 (Address) 1206 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem

DATE OF BURIAL, 10/15, 191..

20-UNDERTAKER Chas. P. Evans & Son

ADDRESS 1701 W. Royal Ave

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D C88865 — 92 C88865

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1906 E Federal ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Klenlein

(Residence in Baltimore: No. 1906 E Federal St.; 74 yrs., 4 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... June (Month) 30 (Day), 1841 (Year)

7-AGE, 74 yrs. 4 mos. 12 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Lawrence Klenlein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothea Kaiser

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Amelia Klenlein.....

(Address)... 1906 E. Federal St.....

15- OCT 14 1915 ROBERT . KRAUTER, Registrar.
Filed....., 191..

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Oct (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1914, to Oct 12 1915, that I saw him alive on Oct 12 1915, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH* was as follows:

Tobacco Amaurosis

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....Arteriosclerosis.....
(Secondary)

..... (Duration)..1....yrs...6....mos.....ds.

(Signed) John W. Donaldson M. D.

Oct 14, 1915. (Address) 1714 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, Oct 15, 1915

20-UNDERTAKER John Herwig & Co — ADDRESS 2008 Aliceanna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88866 151 C88866

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infante Foute.

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, 10 (Month) 10 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 0 hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Samuel Foute

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Concettina Cutolo

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed OCT 13 1915, 191. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

OCT 14 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-10 1915, to 10-10 1915; that I saw h.....alive on 10-10 191..; and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

b Mo. foetus

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Rhinis Pulmonalis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P L Rush M. D.

10-11, 191.5 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	OCT 12 1915, 191...
20-UNDERTAKER Commissioner Health. Per Wm F. WOODALL	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

See Birth Certificate of Baby Royal,
Born Aug. 2nd. 1915 B-15652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88867 — 89 — C88867

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1821 N. Spring St. 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard E. Awkward

(Residence in Baltimore: No. 1821 N Spring St.; yrs. Life mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Single

6-DATE OF BIRTH, August (Month) 2nd (Day), 1915 (Year)

7-AGE, ...yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Elijah Awkward

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Louisa Royal

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Awkward

(Address) 1821 N Spring

15- Filed OCT 14 1915, 191.... ROBERT . GRAETER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 13th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. Leith Savage M. D. (Coroner)

Oct. 13, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Oct. 14, 1915

20-UNDERTAKER Geo. A. Holland — ADDRESS 677 Robert St.

Spec—5-19-13—M. & T.—500 Bks.

C88868

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88868

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 Sharp ST.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Price

(Residence in Baltimore: No. 826 Sharp St.; yrs., mos. 14 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 30, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Md Balto

PARENTS.

10-NAME OF FATHER, August Price

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Lena Bradshaw

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Price

(Address) 826 Sharp

15- Filed OCT 14 1915. ROBERT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 13 1915, to Oct 14 1915, that I saw h[er] alive on Oct 13 1915, and that death occurred, on the date stated above, at 4 A.M. m.

The CAUSE OF DEATH* was as follows:

Lues, Hemiplegia

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. S. McCall M. D.

10/14, 1915. (Address) 2008 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	Oct 17, 1915
20-UNDERTAKER	ADDRESS
C. E. Bowers & Son	1 N. Monroe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88869

CERTIFICATE OF DEATH.

15 C88869

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 Hanover Back St.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Baby Wright

(Residence in Baltimore: No. 113 Hanover Back St.; ..... yrs., mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... 10 (Month) ..... 11 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
..... 0 yrs. 0 mos. 1 ds.	0 hrs. or. 2 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Augustus Crawford

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Mary Wright

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mary Wright

(Address) 113 Hanover Back Ct.

15- Filed OCT 14 1915, 191.. ROBERT T. KRAUTER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 10 (Month) ..... 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-11 1915, to 10-12 1915; that I saw h in alive on 10-12 1915; and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

..... Congenital .....

..... Intelectasis .....

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) ..... Trismus .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... P. L. Prout ..... M. D.

10-17, 191.. (Address) Hanover Post

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Oct. 14, 191..
20-UNDERTAKER	ADDRESS
C. E. Prout's Son	1701 Monta St

C88870

HEALTH DEPARTMENT--CITY OF BALTIMORE

C88870

CERTIFICATE OF DEATH

43

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Hebrew Hospital 18 ST.; WARD)

(If death occured a hospital or institut give its NAME instead street and number fill out No. 18.)

2 FULL NAME Mary Aston (Aston)

(Residence in Baltimore: No. 11 S Arlington ave ST.; 44 yrs. mos. d

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Abt 16 (Month) (Day), 1868 (Year)

7 AGE: 47 yrs. 5 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Patrick Hampton

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary E Kennedy

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs H Aston
(Address) 11 S Arlington ave

15 Filed OCT 14 1915, 191 ROBERT . GRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 13, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased fro Sept 19, 1915, to Oct 13 1915 that I saw h[er] alive on Oct 13 1915 and that death occurred on the date stated above, at 7.10 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Breast
(Operation + Microscopic Exam.)

(Duration) yrs. 5 mos.

Contributory (SECONDARY) Pulmonary Embolism

(Duration) yrs. mos. 3 days

(Signed) M. B. Levy M.

Oct 13, 1915 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUS state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)

At place of death: yrs. mos. 24 ds. In the State: yrs. mos.
Where was disease contracted, if not at place of death? 11 S Arlington ave
Former or usual residence 11 S. Arlington

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Oct 16, 1915

20 UNDERTAKER: Robt F Turner ADDRESS 1424 Pennsylvania Ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No. C 15 2 88671

CITY OF BALTIMORE: (No 2139 E. Oliver St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf of Alice L. & Jas H. Rice

(Residence in Baltimore: No. 2137 E Oliver St St.; yrs. mos. 10 min ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct (Month) 13 (Day), 1915 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or 10 min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Joseph Henry Rice

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Alice Lillian Marks

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs E. Marks

(Address) 2100 E. Hoffman

15- Filed OCT 14 1915 ROBERT J. KRAUTH, Special Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. (Month) 13 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191..., to, ..., 191...,
that I saw h..... alive on ....., 191...,
and that death occurred, on the date stated above, at 2 P.M. m.
The CAUSE OF DEATH* was as follows:

This infant was born at 2 P.M. Heart was beating but it never breathed. It was dead ten minutes. Cause: pressure during birth. a breech presentation (Duration) large baby, Small mother. - yrs mos ds.

Contributory (SECONDARY) ..... (Duration) yrs mos ds.

(Signed) Wm J. Watson M. D.

Oct 13, 1915 [Address] 2128 St Paul

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Oct. 14 1915

20-UNDERTAKER: Finkler & Finkler ADDRESS 1739 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68672 42 C 68672

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos. ST.; 21 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mattie Higgins

(Residence in Baltimore: No. 1005 S. Carey St. St.; 40 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Feb 28, 1870 (Month) (Day) (Year)

7-AGE, 45 yrs. 7 mos. 17 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Tomas Wilson

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jane Gallagen

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin B. Higgins

(Address) 1005 S. Carey

15- Filed OCT 14 1915 [illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 6 1915, to Oct. 12 1915, that I saw her alive on Oct 12 1915, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
Operation
(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Acute rheumatic arthritis
(Duration) yrs. mos. 1 da.

(Signed) [illegible] M. D.

Oct 13, 1915 (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 6 da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1005 S. Carey St.

19-PLACE OF BURIAL OR REMOVAL, Philadelphia Pa. DATE OF BURIAL, Oct 16, 1915

20-UNDERTAKER Walter H. Shriver ADDRESS 1018 E. Lombard and

Spec.—8-24-14—M. & T.—2000 Blks.

C88573

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88573

CERTIFICATE OF DEATH.

45

REGISTERED NO. C.....

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. St Joseph's Hosp St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. James Carroll

(Residence in Baltimore: No. 1612 E. Preston St. St.; 74 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 8 1841 (Month) (Day) (Year)

7-AGE. 74 yrs. 9 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer). Officer

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas A. Carroll

(Address) 1612 E. Preston St

15- OCT 14 1915 1915 ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9 1915, to Oct 13 1915, that I saw h[illegible] alive on Oct 13 1915, and that death occurred, on the date stated above, at 6-52 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (operation)

[illegible]

[illegible]

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. 1 mos. 4 ds.

(Signed) E. V. Cahill M. D.

Oct. 13, 1915. (Address) St. Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 4 ds. In the State 74 yrs. 9 mos. 5 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1612 E. Preston St.

19-PLACE OF BURIAL, OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Oct 15, 1915.

20-UNDERTAKER C. Fink & Son ADDRESS 915 N. Gay St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88871

28

REGISTERED No. C 88871

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S. Wooden ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent J. O'Rourke

(Residence in Baltimore: No. 119 S. Wolfe ST.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 1 (Month) (Day) (Year)

7-AGE, 31 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of Industry, business, or establishment in which employed (or employer). Stone

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. Luke O'Rourke

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Annie McHughes

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luke O'Rourke

(Address) 119 S. Wolfe

15- OCT 14 1915 Filed, 191 BARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 12 (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 10 1915, to October 12 1915, that I saw h[illegible] alive on October 11 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(Duration) 1 mos. under myself.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. [illegible] M. D.

10-13, 1915. (Address) 1320 W. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL, Oct. 16, 191[illegible]

20-UNDERTAKER John Horan & Son

ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C88875

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2514 Eager Place ST.; WARD)

REGISTERED NO. C

2-FULL NAME John A Weinmann

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2514 Eager Place St.; 47 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. July 11, 183x
(Month) (Day) (Year)

7-AGE. 81 yrs. 3 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sexton
(b) General nature of industry, business, or establishment in which employed (or employer): in church

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. John A Weinmann

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Weinmann

(Address) 2514 Eager Place

15. OCT 14 1915 HARRY O. ANDREWS,
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1915, to Oct 13 1915, that I saw h[illegible] alive on Oct 13 1915, and that death occurred, on the date stated above, at 4.0 m.

The CAUSE OF DEATH* was as follows:

Heart Disease

Dropsy

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) yrs. mos. ds.

(Signed) Ernest C Ellwood M. D.

Oct 14 1915 (Address) 1419 Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Dacto Country

DATE OF BURIAL. Oct 15, 1915

20-UNDERTAKER Robt Thuner

ADDRESS 1442 4 Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 (88876) 104 (88876)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 730 N. Dallas ST.: 3 WARD)
2-FULL NAME Joseph Krypak (Krypak)
(Residence in Baltimore: No. 730 N. Dallas)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: 1 yrs., 6 mos. 20 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 24, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 20 da. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.
10-NAME OF FATHER, Ludwig Krypak
11-BIRTHPLACE OF FATHER (State or Country), Russia
12-MAIDEN NAME OF MOTHER Julia Hadzak
13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Julia Krypak
(Address) 730 N. Dallas St.

15- OCT 14 1915 Filed ..., 191 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 14th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.
The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ... yrs. ... mos. 7 da.

CONTRIBUTORY (Secondary) ...
(Duration) ... yrs. ... mos. ... da.

(Signed) A. W. Jones M. D.
(Coroner.)
Oct. 14, 1915. (Address) 116 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	Oct. 15, 1915.
20-UNDERTAKER M F Sadowski	ADDRESS 765 S. Ann St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88877 C88877

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 2512 W. Madison Ave ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma W. Moore

(Residence in Baltimore: No. 511 Robert St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, ... (Month) ..... (Day), 1857 (Year)

7-AGE, 58 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md. Balto.

PARENTS.

10-NAME OF FATHER: Eli Green

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Sarah Lee

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Green

(Address) 321 S. 16th St. Philadelphia.

15- OCT 15 1915 Filed ....., 191.... ROBERT E. KRAUTH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 13th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ... yrs. 5 mos. ... ds.

CONTRIBUTORY (Secondary) Acute dilation of heart

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm. M. Savage M. D. (Coroner.)

Oct 14, 1915 (Address) 172 W. Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Oct. 15 1915

20-UNDERTAKER George H. Holland — ADDRESS Robert St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 88678 — 50 — C 88678

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Jac Maternity Hospital. ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Lewis

(Residence in Baltimore: No. 210 W. Camden St. St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, unknown (Month) (Day), 1845 (Year)

7-AGE, 5 7 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: watchman on
(b) General nature of industry, business, or establishment in which employed (or employer): steamer

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Lewis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Keller

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Russell

(Address) 210 W. Camden St.

15. OCT 15 1915 ROBERT . KRAUTER, Filed....., 191... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 12., (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1915, to Oct 12 1915, that I saw him alive on Oct 12 1915, and that death occurred, on the date stated above, at 10.10 m.

The CAUSE OF DEATH* was as follows:

Diabetic Gangrene

(Duration) yrs. unknown mos. ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

Chron. nephritis

(Duration) yrs. unknown mos. ds.

(Signed) W. Houston Lonbon M. D.

Oct. 12., 1915. (Address) Mem. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 210 Camden St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Oct. 17, 1915.

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 (38879)

~~38879~~

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1538 W Balto. St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabelle Benedick.

(Residence in Baltimore: No. 1538 W Balto. St.; 30 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH: ..... (Month) Not Known (Day) ..... (Year)

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Phila Pa

PARENTS.

10-NAME OF FATHER, John Martin

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J Harry Ainsworth

(Address) 1538 W Balto St

15-OCT 15 1915 ROBERT . BRAUNE,

Filed ....., 191. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1914, to Oct 13 1915, that I saw h- alive on Oct 12 1915, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) E. E. Cockeran M. D.

Oct 14, 1915. (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Philadelphia Pa — DATE OF BURIAL: Oct. 15. 1915

20-UNDERTAKER: Geo A Gerber — ADDRESS: Balto & Payson 85

N. B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 88680

175 C 88680

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 23 WARD)

REGISTERED No. C

2-FULL NAME Robert D. Young.

(Residence in Baltimore: No. 1234 S. Charles St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, November (Month) 23 (Day), 1858 (Year)

7-AGE, 59 yrs. 10 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer)..... B & O. R.R.

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, David Young.

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER ? ?

13-BIRTHPLACE OF MOTHER (State or Country), City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Young (Wife)

(Address) 1234 S. Charles St.

OCT 15 1915 ROBERT F. KRAUTER

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accident - R. R. Struck by engine.
Fracture skull.
(Duration).....yrs.....mos. 15 ds.

CONTRIBUTORY (Secondary).....
(Duration).....yrs.....mos.....ds.

(Signed) Thos. Blakemore M. D. (Coroner.)

Oct. 14, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 15 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1234 S. Charles St.

19-PLACE OF BURIAL OR REMOVAL, London Park. DATE OF BURIAL, Oct 15th 1915

20-UNDERTAKER Fred. A. Krause ADDRESS 703 Hanover St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

153

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Robert Garrett Hospt St. 16 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Smathers

(Residence in Baltimore: No. 1030 Vincent alley St.) 1 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 0 mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Lalse

(Address) 1030 Vincent alley

15- OCT 15 1915 [illegible]

Filed ....., 191.... [illegible]
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 13th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lack of Care

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jas. H. Hemsley M. D.
(Coroner)

Oct 13th, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 1 In the State ....yrs. 3 mos. ....ds.

Where was disease contracted, if not at place of death? 1030 Vincent alley

Former or usual residence 1030 Vincent alley

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL
COLLEGE OF P. & S.	OCT 15 1915

20-UNDERTAKER Commissioner Health. ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 088882

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hospt. WARD) 21

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Grube

(Residence in Baltimore: No. 818 Columbia Ave. St.) 3 yrs., 6 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 18, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 6 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Grube

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Edeth Kinsey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Joseph Grube

(Address) 818 Columbia Ave

15 OCT 15 1915 ROBERT KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 13th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns (Clothing ignited while playing with matches)
(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)
..... (Duration)..... yrs..... mos..... ds.

(Signed) Samuel Green M. D.
(Coroner.)
Oct 14th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 1½ ds. In the State 3 yrs. 6 mos. 25 ds.

Where was disease contracted, if not at place of death?.....
818 Columbia Ave

Former or usual residence 818 Columbia Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Oct. 15, 1915

20-UNDERTAKER J. R. Cook ADDRESS 1008 W. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C8883

HEALTH DEPARTMENT--CITY OF BALTIMORE

64 C8883

CERTIFICATE OF DEATH

Registered No. C .....

1. PLACE OF DEATH

City of Baltimore (No. 7434 Buchanan St. 12 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Mary Wordson

(Residence in Baltimore: No. 7434 Buchanan St.; 75 yrs. mos. ds.)

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (Write the word): Married

6. DATE OF BIRTH: Aug (Month) 13 (Day), 1857 (Year)

7. AGE: 58 yrs. 2 mos. 0 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or country): Va

PARENTS

10. NAME OF FATHER: Frank Walker

11. BIRTHPLACE OF FATHER (State or country): Va

12. MAIDEN NAME OF MOTHER: Rosetta Branch

13. BIRTHPLACE OF MOTHER (State or country): Va

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Stephen Wordson

(Address) 7434 Buchanan

15. Filed OCT 15 1915, 191 [illegible] ROBERT . KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 13 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1915, to Oct 13, 1915; that I saw her alive on Oct 13, 1915; and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. 2 mos. 20 ds

Contributory (SECONDARY): None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. H. Pearce M. D.

Oct 13, 1915 (Address) 2105 E. Chase st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Oct 15, 1915

20. UNDERTAKER: John F. Owens — ADDRESS: 1222 Division

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88884 120 C88884

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryweil Hospital St.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lane

(Residence in Baltimore: No. 1317 N. Baltimore St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, unknown (Month) (Day), 1865 (Year)

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Joshua Lane

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella G. Lane

(Address) 1317 N Baltimore St

15- Filed OCT 15 1915 191 ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-12- 1915, to 10-15 1915, that I saw h[illegible] alive on 10-15 1915, and that death occurred, on the date stated above, at 12:10 P.M.

The CAUSE OF DEATH* was as follows:

[illegible] Typhoid Fever
[illegible] Edema, Exhaustion
Myocarditis (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) yrs. mos. 1 ds.

(Signed) Elmer [illegible] M. D.

10/15/1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1317 N. Baltimore St

19-PLACE OF BURIAL OR REMOVAL. Mountain View Cem. DATE OF BURIAL. Oct. 17, 1915

20-UNDERTAKER William Cook ADDRESS 502 E North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 88885 — 79 — C 88885

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 2817 Parkwood Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

2 FULL NAME Phillip Offney (Offney)

(Residence in Baltimore: No. 2817 Parkwood Ave St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (If write the word): Widower

6 DATE OF BIRTH: October (Month) 14 (Day), 1837 (Year)

7 AGE: 78 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Piano Tuner
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Jacob Offney

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Murbach

(Address) 15 S. Payson

15 Filed OCT 15 1915 ROBERT E. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 14 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1915, to Oct 14 1915, that I saw h[illegible] alive on October 14, 1915, and that death occurred, on the date stated above, at 5.40 m.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 10 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Nathaniel Grant M. D.

Oct 15, 1915 (Address) 2731 Parkwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. — In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 17 1915

20 UNDERTAKER: Geo. Weber & Son — ADDRESS: 2503 Edmondson Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88886 HEALTH DEPARTMENT—CITY OF BALTIMORE 98/ C88886

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1303 Pennsylvania ave. ST. 17 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Sellman,

(Residence in Baltimore: No. 1303 Pennsylvania ave. 15 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH: November (Month) 21st (Day), 1880, (Year)

7-AGE: 34 yrs. 10 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland,

PARENTS.

10-NAME OF FATHER: Andrew Dorsey,

11-BIRTHPLACE OF FATHER (State or Country): Maryland,

12-MAIDEN NAME OF MOTHER: Louisa Whitaker,

13-BIRTHPLACE OF MOTHER (State or Country): Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nettie Doran, sister,

(Address) 1303 Pennsylvania ave.

15- OCT 15 1915 ROBERT . BRAUNE, Filed....., 191.. Special Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 13th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. 3 mos. ....ds.

(Signed) J. Frederick Hambsch (Coroner.) M. D.

Oct. 13, 1915 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, at Mann — DATE OF BURIAL, Oct 15, 1915.

20-UNDERTAKER K L Parham — ADDRESS 530 Mary st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 083887 — 152 — 083887

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 St. Josephs Hosp. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Kramer

(Residence in Baltimore: No. 1828 Clifton Ave St.; ..... yrs., mos. 1 Hour. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 14, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 2 hrs. mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Maurice Kramer

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Irene Blumin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maurice Kramer

(Address) 1828 Clifton Ave.

15- OCT 15 1915 ROBERT . KRAUTER,
Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191 ..., to ..... 191 ...,
that I saw h alive on Oct 14 191 5;
and that death occurred, on the date stated above, at 8 30 A m.
The CAUSE OF DEATH* was as follows:

Premature Labor

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY. Asphyxiation
(Secondary)
..... (Duration) ..... yrs. ..... mos. 2 hrs. ds.

(Signed) N. McCallum M. D.
Oct 14, 191 5. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 hrs. ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1828 Clifton ave

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, Oct 15, 1915

20-UNDERTAKER S Levinson Bro

ADDRESS 407 E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88688

CERTIFICATE OF DEATH.

172

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Brown.

(Residence in Baltimore: No. 2324 Druid Hill Ave. St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, ... April (Month) ..... 2 (Day) ....., 1851. (Year)

7-AGE, 64 yrs. 6 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter.
(b) General nature of industry, business, or establishment in which employed (or employer)..... House

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Phoebe Chapman

13-BIRTHPLACE OF MOTHER (State or Country), Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Brown

(Address) 2324 Druid Hill Ave.

15- Filed OCT 15 1915, 191.....

ROBERT . KRAUTH
Special Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 13 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident Fell off scaffold
Shock Fracture skull
(Duration) one hour yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Hor. Richardson M. D.
(Coroner.)
Oct. 14, 191.5 (Address) 18 N. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.... yrs. mos. ds. State about 17 years the yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dulle Cemetery — DATE OF BURIAL, Oct. 16, 1915.

20-UNDERTAKER Hunt & Dulle — ADDRESS 211 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85889 C85889

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Bradford ST.; 7 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Schultheis

(Residence in Baltimore: No. 817 N. Bradford St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 20, 1840 (Month) (Day) (Year)

7-AGE, 75 yrs. 8 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Schultheis

(Address) 817 N. Bradford Ave.

15- OCT 15 1915 ROBERT KRAUTER,
Filed....., 191.. ....., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 13, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1914, to Oct 13 1915, that I saw h alive on Oct 12 1915, and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) R. L. Campbell M. D.

Oct 13, 1915 (Address) 1642 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Immanuel Cemetery DATE OF BURIAL, Oct 17, 1915

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C58890 C58890

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 213 N Madeira ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Weber

(Residence in Baltimore: No. 213 N. Madeira St.; 66 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 20, 1849
(Month) (Day) (Year)

7-AGE, 71 yrs. 6 mos. 7 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Weber

(Address) 213 N. Madeira St

15- OCT 15 1915 191 Registrar. ROBERT J. KRAUTH Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1915, to Oct 13 1915, that I saw her alive on Oct 12 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Acute P. Bronchitis

(Duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Asthma & Exhaustion

(Duration) 0 yrs. mos. 3 da.

(Signed) Adolph C. Eisenberg M. D.

Oct 14, 1915. (Address) 2201-3 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bethania Cemetery — DATE OF BURIAL, Oct 15 1915

20-UNDERTAKER Christian Miller — ADDRESS 2[illegible] Pitt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88891

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C88891

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2203 Etting St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Carroll

(Residence in Baltimore: No. 2203 Etting St.; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX male

4-COLOR OR RACE Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH Feb 14 (Month) 1881 (Year)

7-AGE 34 yrs. 7 mos. 26 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Furniture Mover
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Moses Carroll

11-BIRTHPLACE OF FATHER (State or country) Aberdeen Md.

12-MAIDEN NAME OF MOTHER Mary Boyer

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Juanita Carroll

(Address) 2203 Etting

15- Filed OCT 15 1915 [illegible] ERAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH October 12 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25, 1915, to, Oct 12 1915, that I saw h[illegible] alive on Oct 11 1915, and that death occurred, on the date stated above, at 2A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs 3? mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), H. S. M. Card M. D.

10/14, 1915 [Address] 2005 Druid Hill Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Pikesville — DATE OF BURIAL: Oct 15 1915

20-UNDERTAKER: James H Dunn — ADDRESS: 1303 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University End Hosp ST. 17 WARD)

2-FULL NAME Annie Nicholson

(Residence in Baltimore: No. 527 Hanover St.: 12 yrs.. mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, (Month) Unknown (Day) (Year)

7-AGE, 23 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penn.

PARENTS.

10-NAME OF FATHER, Wm. H. Wright

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Annie Sears

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Nicholson

(Address) 527 Hanover St

15- Filed OCT 15 1915, 191.. ROBERT . KRAUTZ, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration) D. yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. ds.

(Signed) J. H. Myers M. D.

Oct 14, 191.5 (Address) 742 W Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 527 Hanover St

19-PLACE OF BURIAL OR REMOVAL Mt Auburn — DATE OF BURIAL, OCT 15 1915

20-UNDERTAKER Samuel T. Hemsley — ADDRESS 5780 Biddle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88893

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1741 Ashland Ave ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Snowden

(Residence in Baltimore: No. 1741 Ashland Ave St., ...yrs., ...mos. ...ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, March (Month) 13th (Day), 1842 (Year)

7-AGE, 72 yrs. 7 mos. 0 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), MD

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tom Bailey

(Address) 1741 Ashland Ave

15- FILED OCT 16 1915, 191.. HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 15th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

...(Duration) ...yrs. ...mos. ...ds.

(Signed) Edgar L. Cassell M. D. (Coroner.)

Oct 15th, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	Oct 17th 1915
20-UNDERTAKER	ADDRESS
Chas F Bailey	1741 Jefferson Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C88894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C88894

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3547 Park Hgts Ave ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flora Agnes Graham

(Residence in Baltimore: No. 3547 Park Hgts Ave St.; Lifetime yrs.. mos.. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August 11th, 1896
(Month) (Day) (Year)

7-AGE, 19 yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer).....—

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph S. Graham

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mc Nasby

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. S. Graham

(Address) 3547 Park Hgts Ave.

15- Filed OCT 16 1915, 191.. HARRY O. ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 13th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2d 1915, to Aug 13th 1915, that I saw her alive on August 11th 1915, and that death occurred, on the date stated above, at 8 25 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) yrs. √ mos. ds.

CONTRIBUTORY (Secondary) Cardiac Collapse

(Duration) yrs. mos. 3 ds.

(Signed) J. Bunnett Culbreth M. D.

Oct 16, 1915. (Address) 1532 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos. .....ds. In the State.....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cemetery	Oct 18 1915
20-UNDERTAKER John J. Cowan & Son	ADDRESS 601 Hollins Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C88895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C88895

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L. Webb

(Residence in Baltimore: No. 510 E. Durham Street St.; ~ yrs., ~ mos. ~ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1873 (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Webb.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Rose

(Address) Johns Hopkins Hospital

15- HARRY O. ADAMS, Burial Permit Clerk

FILED OCT 16 1915, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 14th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 14th 1915, to October 14th 1915, that I saw h[im] alive on October 14th 1915, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis
& Uremic Coma

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Fibrinous pericarditis

(Duration) yrs. mos. 2 ds.

(Signed) C. P. Mason M. D.

October 15th 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. / ds. In the State — yrs. ~ mos. — ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 510 E. Durham Street.

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel

DATE OF BURIAL, Oct. 17, 1915

20-UNDERTAKER Lilly & Green

ADDRESS 403 N. Wolfe

Spec.—5-19-13—M. & T.—500 Bks.

C8889 C8889

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5308 21st Ave. ST. 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME Hatta Hoyle

(Residence in Baltimore: No. 5308 21st Ave. St.; 74 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. — ....., 1891
(Month) (Day) (Year)

7-AGE — — 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, J. J. Hoyle

11-BIRTHPLACE OF FATHER (State or Country) Balto

12-MAIDEN NAME OF MOTHER Annie Fitzpatrick

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. J. Hoyle

(Address) 5308 21st St

15- OCT 16 1915 Filed ..... ,191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. / 13 , 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 1 1915, to Oct 13 1915, that I saw h[illegible] alive on Oct 13 1915, and that death occurred, on the date stated above, at 10:30 p m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach metastasis

Anaemic Convulsions

..... (Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic

Anemia (Duration) — yrs. 6 mos. — ds.

(Signed) J. Stanley Crouch M. D.

Oct 13, 1915. (Address) 501-22 W St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Oct 16, 191.
20-UNDERTAKER	ADDRESS
E. A. Wiedefeld & Son	Franklin Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C88897 C88897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 E Lafayette Ave St.; 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza — Lee

(Residence in Baltimore: No. 327 E. Lafayette Ave St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1842 (Year)

7-AGE, 73 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Gibben

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lipton

(Address) 327 E Fayette Ave

15- OCT 16 1915 HENRY O. ANDREWS, Burial Permit Clerk

Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 7th 1915, to Oct 13th 1915, that I saw her alive on Oct 10th 1915, and that death occurred, on the date stated above, at 2 30 p.m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Paralysis

(Duration) ..... yrs. 1 mos. 6 days

CONTRIBUTORY (Secondary) Rheumatism yrs. ..... mos. ..... ds.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Oct 13 1915 (Address) 607 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral | DATE OF BURIAL, Oct 16, 191..

20-UNDERTAKER E. A. Friedfeld | ADDRESS Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88898 88898

102

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred. Gruber

(Residence in Baltimore: No. 655 W. Barre St.; 1 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 4th, 1892 (Month) (Day) (Year)

7-AGE, 23 yrs. 7 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~Laborer~~ Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Steamboat

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Gruber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, A. Oldenburg

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Imperial German Consulate

(Address) 42 East German Street

15- OCT 16 1915 Filed....., 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 14, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1915, to Oct 14, 1915, that I saw h[illegible] alive on Oct 14, 1915, and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Gastro Ileus

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lung Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) Edward J. Kuchemeister M. D.

10-14-, 191.5. (Address) 1[illegible] Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 1 yrs. — mos. 1 ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 655 W. Barre.

19-PLACE OF BURIAL OR REMOVAL, Ft Evangelical — DATE OF BURIAL, 10-16-, 191.5

20-UNDERTAKER Ft Sanders & Sons — ADDRESS 1710 Pratt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~68899~~ 28 68899

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Collington Ave St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lisna

(Residence in Baltimore: No. 805 N. Collington Ave St.; 25 yrs., 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 2nd, 1890
(Month) (Day) (Year)

7-AGE, 25 yrs. 2 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Albert Svarck

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Marie Sayer

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William R. Sing

(Address) 805 N. Collington Ave, Balto.

15-OCT 16 1915 Filed....., 191.. HENRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 15th, 1915.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 1915, to Oct 15 1915, that I saw h alive on Oct 17 1915, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. 8 mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. S. Gibson M. D.

Oct 15, 1915 (Address) 1715 N. Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct 18, 1915

20-UNDERTAKER Geo M. Frick — ADDRESS 811 Woods

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8899 28 C8899

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 N. Gay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna, D McGraw

(Residence in Baltimore: No. 1747 N. Gay St. St.; 57 yrs. ..... mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH, Sept (Month) 15th (Day), 1858 (Year)

7-AGE, 57 yrs. ..... mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, John McGraw

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Julia Barron

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ada Dallerfield

(Address) 1747 N. Gay St

15 OCT 16 1915 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 14th (Day), 1915 (Year).

17-I HEREBY CERTIFY, That I attended deceased from Sept 7 1915, to Oct 14 1915, that I saw h[illegible] alive on Oct 17 1915, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. S. Gibney M. D.

Oct 15, 1915. (Address) 62 W Mount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents — DATE OF BURIAL, Oct 18, 1915

20-UNDERTAKER Geo M. Fink — ADDRESS 811 N Howard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88901 C88901

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 164

CITY OF BALTIMORE: (No. 2311 Elsinore Ave. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elisa L Dude

(Residence in Baltimore: No. 2311 Elsinore Ave St.: 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6-DATE OF BIRTH: Feb 18th, 1852 (Month) (Day) (Year)

7-AGE: 63 yrs. 7 mos. 27 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties.
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: — Hoffrecht

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julian L Dude

(Address) 2311 Elsinore Ave

15- Filed OCT 16 1915 191 ROBERT . KRAUTH, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct. (Month) 15th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4th 1915, to Oct 15 1915, that I saw h er alive on Oct 15th 1915, and that death occurred, on the date stated above, at 1. A. m.

The CAUSE OF DEATH* was as follows:

Ptomaine Poisoning

Probably due to some food

(Duration) 1 yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Dysentery

(Duration) yrs. mos. 11 ds.

(Signed) August Hahn M. D.

Oct 15th, 1915 (Address) 440 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Oct 17th, 1915

20-UNDERTAKER: Mrs Mrs John H Teufel — ADDRESS: 811 W Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. - Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88902 C88902

CERTIFICATE OF DEATH.

REGISTERED NO. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Mc.Culloh ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lacey Bell

(Residence in Baltimore: No. 1726 Mc.Culloh St.; 25 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	Black	Married

6-DATE OF BIRTH, 3 (Month) 4 (Day) 1884 (Year)

7-AGE, 31 yrs. 6 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Pullman Co.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. L. Bell

(Address) 1726 Mc.Culloh St.

15- OCT 16 1915 ROBERT . KRAUTER, Special Deputy Clerk
Filed, 191
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 14 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October, 12th. 1915, to October, 14th 1915, that I saw him alive on October, 13th. 1915, and that death occurred, on the date stated above, at 2 A.M m.

The CAUSE OF DEATH* was as follows:

Syphilis.
Tracheal Obstruction, due to stricture.

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Isidore D. Hirschman M. D.

10/14..., 1915.. (Address) 1518 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Oct. 17, 1915
20-UNDERTAKER	ADDRESS
Reid & Pyle	1128 Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8903 40 C8903

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 670 W Franklin ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Vaudens

(Residence in Baltimore: No. 670 W Franklin St. St.; 58 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, (Month) (Day) 1830 (Year)

7-AGE, 86 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), France

PARENTS.

10-NAME OF FATHER, Francis Vaudens

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Keller

(Address) 925 Hollins Ave

15- OCT 16 1915 ROBERT KRAUTER Registrar of Vital Statistics
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 15th, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15th 191 5, to Oct 15th 191 5; that I saw h[er] alive on Oct 14th 191 5; and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

a Apoplexy or Hemorrhage of Brain
b Arterio Sclerosis
c Myocardial Degeneration
(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) A F Hall M. D.

Oct 15, 191 5. (Address) 1801 Eden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Oct 18, 191 5

20-UNDERTAKER Martin Fahey & Son ADDRESS 616 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C85904 + 30 C85904

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. Mercy Hospital St.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Bowie

(Residence in Baltimore: No. Mercy Hospital St.; ...yrs., ...mos. 3 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Oct. (Month) 9 (Day), 1908 (Year)

7-AGE, 7 yrs. 6 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer): Public School

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph Bowie

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sadie Crawford

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Mercy Hosp

(Address) Calvert St.

15- RECEIVED OCT 16 1915 NOTARY'S CHARTER, Burial Permit 9...O.K. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 12 1915, to Oct. 15 1915, that I saw him alive on Oct. 15 1915, and that death occurred, on the date stated above, at 3.55 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculer Meningitis

Contusion

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edward L. Smith M. D.

Oct. 15, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 3 mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Bowie Md.

Former or usual residence Bowie Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bowie Md	Oct. 17, 1915
20-UNDERTAKER	ADDRESS
Chas E Franck	802 Madison

C88905 C88905

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 S. Port St ST.: 1 WARD)

2-FULL NAME Wm. G. Emory Jr.

(Residence in Baltimore: No. 527 S. Port St St.; Life yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April (Month) 20th (Day), 1870 1870 (Year)

7-AGE: 45 yrs. 6 mos. 14 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Invalid
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Maryland Balto

PARENTS

10-NAME OF FATHER: Wm G. Emory

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Louise Overdick

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John W. Emory

(Address) 527 S. Port St.

15- OCT 16 1915 RUBERY KRAMER, Burial Permit Clerk
Filed ....., 191.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct 14th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 5th, 1915, to, October 14 1915, that I saw h.im alive on Oct. 12th 1915, and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

From Hist. Wm 6

(Duration) yrs 6 mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) C. W. Ether, M. D.

Oct 14th 191 5 [Address] 100 S. Patterson Park Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem. DATE OF BURIAL: Oct 16th 1915

20-UNDERTAKER: Leo. D. Cook ADDRESS: 1106 Patterson Pk. Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89903 C89903

168 Registered No. C

1-PLACE OF DEATH
City of Baltimore (No. University Md Hosp St. 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W Crooks

(Residence in Baltimore: No. 837 W Lexington St.: yrs. Life mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Sept (Month) 7 (Day), 1859 (Year)

7-AGE: 56 yrs. 1 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Produce Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Fuller

(Address) 201 N Paca St

15- Filed OCT 16 1915 ROBERT J. BRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Gas poisoning (accidental)

(Duration) ....yrs....mos....ds.

(Signed) J. G. Jeffers (Coroner) M. D.

Oct 15 1915 (Address) 542 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 4 ds. In the State 57 yrs....mos....ds.

Where was disease contracted, if not at place of death? 837 W Lexington St

Former or usual residence 837 W Lexington St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, 10-17-, 1915

20-UNDERTAKER H C Brauning Son

ADDRESS 617 N. Schroeder St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88907 64 C88907

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 E Fort ave St.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Rice

(Residence in Baltimore: No. 734 E Fort ave St.; 64 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 12 (Month) (Day), 1851 (Year)

7-AGE, 75 yrs. 6 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Brewer

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jessen

(Address) 734 E Fort ave

15- Filed OCT 16 1915, 191.., ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 17 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 9th 1915, to Oct 14th 1915, that I saw h.. alive on Oct 14 1915, and that death occurred, on the date stated above, at 6:30 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) old age

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Oct 15 1915, (Address) 1328 E Fort ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Hill	Oct 17 191..5
20-UNDERTAKER	ADDRESS
C J Fanning 1466	Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. —8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88903 6 C88908

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 N. Bond St.: 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellie R Shilling

(Residence in Baltimore: No. 1403 N. Bond St.: 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, July (Month) 18th (Day), 1847 (Year)

7-AGE,	If LESS than 1 day,
68 yrs. 3 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Frederick Co Md

PARENTS.

10-NAME OF FATHER, Henry C Custle

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rebecca Long

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary K Tonshell

(Address) 1403 N. Bond St

15- Filed OCT 16 1915, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1915, to Oct. 14, 1915, that I saw him alive on Oct. 13, 1915, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis of right side due to hemorrhage of brain

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin H. Fenby, M. D.

Oct. 15, 1915 (Address) 1223 N. Carolina St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	October 18 1915
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C68909 — 169 — C68909

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Post of President ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew J. Hallamayer

(Residence in Baltimore: No. 952 N. Eden St.: (yrs., 9 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 187.6 (Year)

7-AGE, 39 yrs. ..... mos. ..... da. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Die Setter
(b) General nature of Industry, business, or establishment in which employed (or employer): Jones Safety

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Frank L. Hallamayer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary A. Hallmayer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank L. Hallamayer

(Address) 952 N. Eden St.

15- OCT 16 1915 Burial Permit Clerk
Filed ....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... October 7th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ..... Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.
The CAUSE OF DEATH* was as follows:

Probably Accidental Drowning

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) D. W. Jones M. D.
(Coroner.)

Oct. 12, 1915. (Address) 310 S. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	Oct. 17th, 1915
20-UNDERTAKER Henry Horch Son	ADDRESS 130 E Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8910 C8910

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 Mc Donogh ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Manner

(Residence in Baltimore: No. 1041 Mc Donogh St.; 60 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feburary (Month) 7 (Day), 1838 (Year)

7-AGE, 77 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Stone Mason

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, August Manner

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country). not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary E. Manner

(Address) 1041 Mc Donogh

15- Filed OCT 16 1915, 191.. ROBERT . KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 15th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from October 9th 1915, to October 15th 1915, that I saw him alive on October 15th 1915, and that death occurred, on the date stated above, at 11.50 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. Albert Dingfelder M. D.

10/16/, 1915. (Address) 1.S.P.E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Oct. 19th, 1915

20-UNDERTAKER Henry Hoerle & Son — ADDRESS 1301 E Eager th

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88911

CERTIFICATE OF DEATH.

122 C88911

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Connor

(Residence in Baltimore: No. 915 Stirling St St.; 51 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1864 (Year)

7-AGE,	If LESS than 1 day,
51 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Michael Connor

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Doyle

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed OCT 16 1915, 191.... ROBERT . KRAUTH Deputy Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 12 191 5, to October 16 191 5, that I saw h in alive on October 16 191 5, and that death occurred, on the date stated above, at 3 60 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

Pyelo-nephritis Ureteritis,

Nephritis

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma of Prostate

Ureteritis (Duration) since Birth yrs. ..... mos. ..... ds.

(Signed) J. Edward Burns M. D.

Oct. 16, 191 5 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 915 Stirling St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	Oct. 19 1915
20-UNDERTAKER Henry Horck Son	ADDRESS 1301 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

C88912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 C88912

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Prot. Infirmary ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Charles E. Baker

(Residence in Baltimore: No. 1705 Eutaw Place. St.; yrs. mos. ds.) Office

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. (Month) 5 (Day), 1865 (Year)

7-AGE, 50 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Robber Glassware Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Chas. J. Baker

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eliz. Bozerman

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. W. Baker

(Address) Catonsville, Md.

15- OCT 16 1915 Filed....., 191.... KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 15 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1915, to Oct 15 1915, that I saw him alive on Oct 15 1915, and that death occurred, on the date stated above, at 11.20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder
(Operation)
(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(Duration) yrs. 9 mos. 1 ds.

(Signed) Barnes L. Christian M. D.

Oct. 15, 1915. (Address) 14 W. Pr.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 9 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1705 Eutaw Place.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Oct. 17, 1915

20-UNDERTAKER F. W. Jenkins & Sons Lo ADDRESS Orchard & Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88913

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88913

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maud E Gillespie

(Residence in Baltimore: No. 2213 Pa. Ave St.; 23 yrs., 2 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 5 1892, 1 (Month) (Day) (Year)

7-AGE, 23 yrs. 0 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore, Md

PARENTS.

10-NAME OF FATHER, Jessie Stockstale

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Fannie Stockstale

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Gillespie

(Address) 2118 Hardred st

15- OCT 16 1915 ROBERT . KRAUT[illegible] Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1915, to Oct 14 1915, that I saw h[illegible] alive on Oct 13 1915, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows: Pneumonia ~~Pulmonary~~, [illegible] Later

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pregnancy

(Duration) yrs. mos. ds.

(Signed) J G Lowry M. D.

Oct 14, 1915. (Address) Md. Gen. Hosp. Baltimore, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 7 days ago

Former or usual residence 2213 Pa Ave

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Oct 17, 1915

20-UNDERTAKER Wm J Ickes & Sons ADDRESS Mt Ch Cem

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C88914

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 W Hamburg — St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Werner

(Residence in Baltimore: No. 619 W. Hamburg St. — St.; 21 yrs., 6 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH: Mar — 15 — 1894 (Month) (Day) (Year)

7-AGE: 21 yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): office work

9-BIRTHPLACE, (State or Country): City

PARENTS.

10-NAME OF FATHER: Wm Werner

11-BIRTHPLACE OF FATHER (State or Country): City

12-MAIDEN NAME OF MOTHER: Mary Ebeline

13-BIRTHPLACE OF MOTHER (State or Country): City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Werner

(Address) 619 W Hamburg St

15- OCT 16 1915 SEPT ....

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1915, to Oct. 13 1915, that I saw h.. alive on Oct 13 1915, and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

a Pulmonary Tuberculosis

.....

..... (Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Linthicum M. D.

Oct 16 1915. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 16, 1915

20-UNDERTAKER: W. J. Schmelz & Sons — ADDRESS: Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C8915

1-PLACE OF DEATH Hahnemann Gen. Hospital — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1111 N Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Holland F. Barber

(Residence in Baltimore: No. #1718 N. Payson St.; 6 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.)
Male	White	married

6-DATE OF BIRTH. May (Month) 7 (Day), 1861 (Year)

7-AGE.	If LESS than 1 day,
54 yrs. 5 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steam Hot Water Contractor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Madison, Indiana

PARENTS.

10-NAME OF FATHER, John Barber

11-BIRTHPLACE OF FATHER (State or Country), Madison, Indiana

12-MAIDEN NAME OF MOTHER Eliza Holland

13-BIRTHPLACE OF MOTHER (State or Country) Cincinnati Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H F. Barber

(Address) 1718 N Payson St

15- Filed OCT 16 1915 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14th 1915, to Oct 15th 1915, that I saw him alive on Oct 15th 1915, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Geo L. Emmert per W. Fitzhugh Riley M. D.

Oct 15, 1915. (Address) 905 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 6 yrs. 6 mos. ds.

Where was disease contracted, if not at place of death? Riding on Street Car

Former or usual residence #1718 N. Payson St

19-PLACE OF BURIAL OR REMOVAL. Kansas Edgar Co Ill — DATE OF BURIAL. Oct 17 1915

20-UNDERTAKER Wm Fickling & Sons — ADDRESS North Penn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.--2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C88916 — 91 C88916

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 E. Federal St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos A Datzer

(Residence in Baltimore: No. 232 E Federal St.; 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dec 1 (Month) (Day), 1869 (Year)

7-AGE, 66 yrs. 10 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailoring Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. John Datzer

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Dora Kunz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Julianna Datzer

(Address) 232 E Federal St

15- Filed OCT 16 1915, 191... ROBERT . BRAUER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 15 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 22. 1915, to Oct. 15. 1915, that I saw him alive on " 14 1915, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

1 Bronchio-pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(Duration) yrs. 6 mos. ds.

(Signed) Isaac S Hutzler M. D.

Oct 15, 1915 (Address) 1121 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct 18, 191...

20-UNDERTAKER Robt Johnson — ADDRESS 1742 N. Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88917 64 C88917

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Wiseman

(Residence in Baltimore: No. Calvert Hotel, Calvert St. St.; 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Apr. 15, 1849 (Month) (Day) (Year)

7-AGE, 66 yrs. 6 mos. 0 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Henry Wiseman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Francis Scoffield

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Record Mercy Hosp.
(Address) Calvert St.

15- Filed OCT 16 1915, 191.... ROBERT . KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 15, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 4 1915, to Oct. 15 1915, that I saw him alive on Oct. 15 1915 and that death occurred, on the date stated above, at 4.40 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uremia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ....yrs. 1 mos. 2 ds.

(Signed) Edward P. Smith M. D.

Oct. 15, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs. ....mos. 9 ds. In the State....yrs. ....mos. ....ds.
Where was disease contracted if not at place of death? Calvert Hotel
Former or usual residence Calvert Hotel

19-PLACE OF BURIAL OR REMOVAL, Dale Cemetery — DATE OF BURIAL, Oct. 18, 1915

20-UNDERTAKER Robt. T. Inloes — ADDRESS 1424 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C88913

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88918

CERTIFICATE OF DEATH.

65

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 E. Preston ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rebecca Simpson

(Residence in Baltimore: No. 723 E. Preston St.; 75 yrs., 3 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June (Month) 22 (Day), 1840 (Year)

7-AGE, 75 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lou C. Shipley

(Address) 723 E. Preston St.

15- OCT 16 1915 ROBERT . KRAETTER,

Filed ..... 191.. Official Duties ... C.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Oct 15 1915, that I saw her alive on Oct 15 1915, and that death occurred, on the date stated above, at 9a. m.

The CAUSE OF DEATH* was as follows:

f.

Senile degeneration with

Cerebral Apoplexy

(Duration) yrs. 9 mos. 15 ds.

CONTRIBUTORY (Secondary) Coma & Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) J. H. Robinson M. D.

Oct. 15, 1915 (Address) 726 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baeto cemetery

DATE OF BURIAL, Oct 17, 1915

20-UNDERTAKER Wm Cook

ADDRESS 502 E. North ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8919 C8919

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willy A. Bell.

(Residence in Baltimore: No. 736 Dolphin St.; 23 yrs., 4 mos. 11 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June (Month) 26 (Day), 1892 (Year)

7-AGE, 23 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer): Dept Store

9-BIRTHPLACE, (State or Country). Maryland. Balto

PARENTS.

10-NAME OF FATHER, John H Bell

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER, Barrett Hendley

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss M. L. Bell

(Address) 736 Dolphin St.

15-OCT 16 1915 ROBERT . KRAUTER, Registrar of Vital Records of

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14, 1915, to Oct 15, 1915, that I saw her alive on Oct 15, 1915, and that death occurred, on the date stated above, at 4:15 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Myocarditis

(Duration) ....yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(Duration) ....yrs. mos. 1 ds.

(Signed) Elenor V Henderson M. D.

10-17-, 191.). (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 2 ds. In the State 24 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 736 Dolphin

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Oct 17, 1915

20-UNDERTAKER Geo. J. Smith

ADDRESS 1000 N Fayette

Spec.—5-19-13—M. & T.—500 Blks.

C88920

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88920

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2718 Harlem ave St.; 16 WARD)

REGISTERED NO. C 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Edwin Chenoweth

(Residence in Baltimore: No. 2718 Harlem Ave. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married.

6-DATE OF BIRTH, June (Month) 10 (Day), 1879 (Year)

7-AGE, 36 yrs. 4 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Telegraph Operator.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Chenoweth

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Patti Oglehart.

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Chenoweth

(Address) 2718 Harlem Ave.

15- OCT 17 1915 [illegible] KRAUTER, Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 14 - 1915, to October 16 - 1915, that I saw him alive on October 16 - 1915, and that death occurred, on the date stated above, at 6:17 P.m.

The CAUSE OF DEATH* was as follows:

1st Dilatation of heart

(Duration) — yrs. 14 hours mos. ds.

CONTRIBUTORY (Secondary) Malignant Scarlet fever

(Duration) no yrs. no mos. 3 ds.

(Signed) Chester Roland M. D.

10-16-, 1915. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Western Cemetery — DATE OF BURIAL, 10-18-, 1915.

20-UNDERTAKER H C Bauernschmidt & Bro — ADDRESS 517 N. Schroeder St

9 A. m.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85921 C85921

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 W. Balto, ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Welch

(Residence in Baltimore: No. 528 W. Baltimore St.; If not in Baltimore, give STATE or COUNTRY.) 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Widow

6-DATE OF BIRTH: March, (Month) ..., 1848. (Day) (Year)

7-AGE: 67 yrs. mos. ds.

If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: James Kelloe

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Hallow

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas F. Welch

(Address) 528 W. Balto St.

15- OCT 17 1915 ROBERT J. KRAUTH

Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 8 1915, to Oct. 15 1915, that I saw h er alive on Oct 14 1915, and that death occurred, on the date stated above, at 1-700 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) ...yrs. ...mos. 30 ds.

CONTRIBUTORY (Secondary) Age

(Duration) ...yrs. ...mos. ...ds.

(Signed) Thos. F. McCormick M. D.

Oct. 15, 1915. (Address) 1421 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Oct 18, 1915

20-UNDERTAKER John J. Corcoran Co. — ADDRESS 901 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C68922 C68922

37

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2635 Boone St. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celone Asabella Carter

(Residence in Baltimore: No. 2635 Boone St. St.; ...yrs., 1 mon. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, August 15, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Carter

11-BIRTHPLACE OF FATHER (State or Country), Martin Virginia

12-MAIDEN NAME OF MOTHER Fratter Bringsellow

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Carter

(Address) 2635 Boone St.

15-

Filed OCT 17 1915 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 15th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 9th 1915, to October 15th 1915, that I saw h[illegible] alive on October 15th 1915, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:-

Lobar Pneumonia

Congenital Lues

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Geo. A. Burgstroyd M.D. M. D.

Oct 15th, 1915. (Address) 2532 Greenmount Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Oct 17, 1915

20-UNDERTAKER Samuel J. Hamsley

ADDRESS 578 Biddle St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph's Hospital ST. 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lynch

(Residence in Baltimore: No. St. Joseph's Hospital St.: yrs. mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept (Month) 15 (Day), 1914 (Year)

7-AGE, ...yrs. 1 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Lynch

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Hannah Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hannah Kelly

(Address) 3421 Dillon St.

15- ROBERT E. KRAUTER

Filed OCT 17 1915, 191... Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 15th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental burns of head, neck & chest, caused by a kettle of hot water being accidentally overturned upon him while in his crib. (Duration) ....yrs. ....mos. 16 ds.

CONTRIBUTORY (Secondary) ....(Duration) ....yrs. ....mos. ....ds.

(Signed) Oswald Savage M. D. (Coroner.)

Oct. 15 1915 (Address) 1724 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 16 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at 3421 Dillon St.

Former or usual residence 3421 Dillon St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem.	Oct. 17, 1915
20-UNDERTAKER Lilly & Zeih	ADDRESS 403 S Wolfe St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Joseph's Hospital ST. 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Freudenmeyer

(Residence in Baltimore: No. St Josephs Hospital St.; yrs.. mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, February (Month) 6th (Day), 1902 (Year)

7-AGE, 13 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Freudenmeyer

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Foster

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Henry Freudenmeyer

(Address) 3315 Shuck St.

15- OCT 17 1915 Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 14th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Skull & Comp. fracture of right femur, caused by being accidentally struck by an Automobile. (Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) W. Oslin Savage M. D. (Coroner.)

Oct. 17, 1915. (Address) 1729 N. Edison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 6 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? accident on S. Clinton St

Former or usual residence 3315 Shuck

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Alphonsus Cem.	Oct. 18, 1915

20-UNDERTAKER	ADDRESS
Felix Zeile	4038 Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88925 C88925

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Alice Anne ST.; V WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Kleinman

(Residence in Baltimore: No. 1819 Alice Anna St.; - yrs., 3 mos. 5 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 10 (Day) 1915. (Year)

7-AGE, ...yrs. 3 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William Kleinman.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Bronislawa Kalek.

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Kleinman.

(Address) 1819 Alicanna St.

15- OCT 17 1915 ROBERT . KRAUTER, Filed....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 15th, (Month) (Day) 1915. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 4th, 1915, to Oct. 15th 1915, that I saw him alive on Oct. 14th, 1915, and that death occurred, on the date stated above, at 11½ P. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea

(Duration) ....yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John H. Rehberger M. D.

Oct. 16, 1915. (Address) 1709 Alice Anna St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Oct. 17th, 1915.
20-UNDERTAKER	ADDRESS
M. F. Ladowski.	705 N. Amity St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Pronounced dead at Hebrew Hospital St. 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Smith

(Residence in Baltimore: No. Non Resident St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH, ..., ..., 1.....
(Month) (Day) (Year)

7-AGE, 25 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or Country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or Country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Russell

(Address) Fayette & Milton Ave

15- OCT 17 1915 ROBERT KRAUTER, Registrar.

Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 15th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah T. Russell M. D.
(Coroner.)

Oct 17th, 1915. (Address) 516 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 15 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Chestertown Md

19-PLACE OF BURIAL OR REMOVAL, Chestertown Md DATE OF BURIAL, Oct 17, 1915

20-UNDERTAKER Howard & Mowbray ADDRESS 108 N Howard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88927 104 C88927

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 212 E Barney St.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Clark

(Residence in Baltimore: No. 212 E Barney St.; ..... yrs., 5 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 21 (Day); 1915 (Year)

7-AGE, 54 yrs. ..... mos. 25 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mover
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Wm H. Clark Sr.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Flo M. Davis

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Clark

(Address) 212 E Barney St.

15- Filed OCT 17 1915 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to Oct 16 1915; that I saw h[illegible] alive on Oct 15 1915, and that death occurred, on the date stated above, at 12 o'clock m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. C. R. Campbell M. D.

Oct 16, 1915. (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery A.A.Co. | DATE OF BURIAL, Oct 18 1915

20-UNDERTAKER P. J. M. & T. Flynn | ADDRESS 142 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88928 92 C88923

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Battery ave, St.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lehsoeder

(Residence in Baltimore: No. 1208 Battery ave, St.; 6 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dont Know ..... (Month) ..... (Day) ..... (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germ

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil Lehsoeder

(Address) 1208 Battery ave.

15- HOURLY RECEIVED

Filed OCT 17 1915 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to Oct 14 1915, that I saw h[illegible] alive on Oct 14 1915, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

..... (Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Cardiac asthma

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. F. Campbell M. D.

Oct 15, 1915 (Address) 1644 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, Oct 17 1915

20-UNDERTAKER W. J. & M. E. Flynn — ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8929 C8929

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Rennert St.; 24th WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian Velten

(Residence in Baltimore: No. 1016 Rennert Ave St.; 8 yrs., 1 mos. ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 15 (Day), 1915 (Year)

7-AGE	If LESS than 1 day,
yrs. mos. 1 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Christian Velten

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Dumm

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christian Velten

(Address) 1016 Rennert Ave.

15- BOWERY KRAUTHOFF Burial Permit Clerk.

Filed OCT 17 1915 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1915, to Oct 17 1915, that I saw him alive on Oct 16 1915, and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

(Signed) R. E. Campbell M. D.

Oct 16, 1915. (Address) 1644 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross A A Co	Oct 17, 1915
20-UNDERTAKER E & B Hasle	ADDRESS 115 E Mulberry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88930 C88930

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 556 Presstman ST.; 14 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Carrie Johnson

(Residence in Baltimore: No. 556 Presstman St.; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, April 3, 1891
(Month) (Day) (Year)

7-AGE, 24 yrs. 6 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Anne Arundel Co

PARENTS.

10-NAME OF FATHER, Thomas Johnson

11-BIRTHPLACE OF FATHER (State or Country) Anne Arundel Co

12-MAIDEN NAME OF MOTHER Anna M Peters

13-BIRTHPLACE OF MOTHER (State or Country) Anne Arundel Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Gray

(Address) 556 Presstman

15- OCT 17 1915 ROBERT KRAUTH
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1915, to Oct 16 1915, that I saw her alive on Oct 16 1915, and that death occurred, on the date stated above, at 10-30 P m.

The CAUSE OF DEATH* was as follows:

Valvular of Heart
Disease
Contributory (Duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Dropsy
(Duration) ....yrs. 1 mos. 17 ds.

(Signed) J. E. Campbell M. D.
Oct 17, 1915 (Address) 1269 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Gaebell A A Co	Oct 18, 191..
20-UNDERTAKER	**ADDRESS**
James H Dennis	733 Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88931

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp 4 St.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry Nickens

(Residence in Baltimore: No. University Hospital St.; yrs., mos. 2 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknow (Month) (Day), 1901 (Year)

7-AGE, 14 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER, H. Nickens

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER C. Nickens

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. S. Coleman M.D.

(Address) University Hosp

15- HOBBS, KRAUTER & CO.

Filed OCT 17 1915, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-13 1915, to 10-15 1915, that I saw him alive on 10-15 1915, and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) yrs. mos. 5 ds.

(Signed) A. S. Coleman M. D.

10-15, 191.5 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. 2 ds.

Where was disease contracted, if not at place of death? Former residence

Former or usual residence Brookvale Va

19-PLACE OF BURIAL, OR REMOVAL, Harvey Hill Lancaster Co Va

DATE OF BURIAL, Oct 17, 191.5

20-UNDERTAKER James H. Dennis

ADDRESS 133 Pulaski

C88932

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C88932

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1622 Druid Hill Ave St., 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Henson

(Residence in Baltimore: No. 1622 Druid Hill Ave St.; 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	Colored	Widow

6-DATE OF BIRTH ..... (Month) ..... (Day), 1839 (Year)

7-AGE 76 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Holmes

(Address) 1106 Druid Hill Ave

15 OCT 17 1915 Filed ..... 191 .....

ROBERT ... KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Oct (Month) 15 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 1, 1915, to Oct 15 1915.

that I saw h[er] alive on Oct 14, 1915.

and that death occurred, on the date stated above, at 7P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) ... yrs. ... mos. 14 ds.

Contributory (SECONDARY) Cerebral Hemmorhage

(Duration) ... yrs. ... mos. 14 ds.

(Signed) Chas. V. Sykgerald M.D.

Oct 16, 1915 (Address) 1115 Eutaw Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. 9 mos. ... ds. In the State 50 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1110 Etting St.

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cem. | DATE OF BURIAL Oct 17, 1915

20-UNDERTAKER John H Soadwin | ADDRESS 1112 Hill St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88933

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88933

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 Valley ST.; 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine C. Rigney

(Residence in Baltimore: No. 1026 Valley St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Jan 6 (Month) — (Day), 1849 (Year)

7-AGE, 66 yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Woman
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John Burns

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Piquett

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dohoney

(Address) 1026 Valley St.

15-OCT 17 1915 ROBERT J. KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 15 (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from April 1915, to Oct 1915, that I saw her alive on Oct 15. 1915, and that death occurred, on the date stated above, at 3.55 p m.

The CAUSE OF DEATH* was as followa:

(Clinical Diagnosis)

Gastric Carcinoma

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. 2 ds.

(Signed) Mary F. Vaughan M. D.

Oct 16, 191... (Address) 1026 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Oct 18, 1915
20-UNDERTAKER	ADDRESS
H. C. Mudgett	914 Gramont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 8-24-14—M. & T.—2000 Bks.

C88931

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88931

CERTIFICATE OF DEATH.

50

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 W. Lexington ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Mitchell

(Residence in Baltimore: No. 1510 W. Lexington St.; ..... yrs., ... mos. ..... ds.)

Ide

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May 18 (Month) (Day), 1861 (Year)

7-AGE, 54 yrs. 4 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James R. Smith

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary A. Smith

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine A. Mitchell

(Address) 1510 W. Lexington St.

15- OCT 17 1915 Filed ..... 191.....

ROBERT KRAUSE, Burial Permit Clerk.

Registrar.-

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 15 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 191 5, to Oct 13 191 5; that I saw h[illegible] alive on Oct 13 191 5, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Diabetes

Several years

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. L. Valentine M. D.

Oct. 16, 191 5 (Address) 16 So. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cathedral	Oct. 18, 1915
20-UNDERTAKER	ADDRESS
H. C. Sindefeld	914 Saumd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88935 C88935

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N Eutaw St. 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wright R. Cartledge.

(Residence in Baltimore: No. 423 N Eutaw St.: 2 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 11, 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. 6 mos. 3 ds. If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mgr.
(b) General nature of industry, business, or establishment in which employed (or employer): Abattoir

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, Joseph Cartledge

11-BIRTHPLACE OF FATHER (State or Country), N. J.

12-MAIDEN NAME OF MOTHER ? Brown

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice E. Cartledge

(Address) 423 N Eutaw St.

15- OCT 17 1915 Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 17, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1915, to Oct 13 1915, that I saw h alive on Oct 13 1915, and that death occurred, on the date stated above, at 9 7 m.

The CAUSE OF DEATH* was as follows:

Sclerosis of Liver

Cirrhosis

(Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) yrs. mos. ds.

(Signed) M. McCambridge M. D.

Oct 17, 1915. (Address) 1004 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hamilton Ontario Canada — DATE OF BURIAL, Oct. 17, 1915

20-UNDERTAKER McMaurice Routson — ADDRESS 230 N Green

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91
92

REGISTERED No. C 68935

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2136 W Balto, ST.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franklin W. Todd

(Residence in Baltimore: No. 2136 W Baltimore St.; ..... yrs., 4 mos. 9 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: June 6th, 1915. (Month) (Day) (Year)

7-AGE: ..... yrs. 4 mos. 9 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Franklin L B Todd

11-BIRTHPLACE OF FATHER (State or Country): Talbot Co Md

12-MAIDEN NAME OF MOTHER: Myra E Walters

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Franklin L B Todd

(Address) 2136 W Balto St

15- OCT 17 1915 ROBERT ..... Burial Permit Clerk

Filed ..... 191 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 15, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1915, to Oct 15 1915, that I saw h[im] alive on Oct 10 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

.....

(a) Bronchio-pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard A. Todd M. D.

Oct 15, 1915. (Address) 735 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, OCT 17 1915

20-UNDERTAKER Geo A. Gerber — ADDRESS Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

C88937

HEALTH DEPARTMENT—CITY OF BALTIMORE

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C88937

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 Pearl ST.; 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth De Grange.

(Residence in Baltimore: No. 324 Pearl St, St.; yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Femal

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 16 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 day ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Prescott De Grange

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Bertha E Schaffer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Prescott De Grange

(Address) 324 Pearl St

15- Filed OCT 18 1915, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 17, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 191.., to Oct 17 191.., that I saw h E alive on Oct 16 191.., and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Immaturity - Lived two hours about 8th month.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Mac Lenbrand M. D.

Oct 17, 191.. (Address) 1844 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Frederick Co DATE OF BURIAL, Oct 18 191..

20-UNDERTAKER Daniel Easton ADDRESS 916 Penna Ave

C88938

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

REGISTERED No. C 88938

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 117 S. Pulaski St. St.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Katharine Heil

(Residence in Baltimore: No. 117 S. Pulaski St. St.: Life yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 9, 1877 (Month) (Day) (Year)

7-AGE: 38 yrs. 7 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md

PARENTS

10-NAME OF FATHER: Ludwig Edler

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Theresa Koebel

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Heil

(Address) 117 S. Pulaski St.

15- Filed OCT 18 1915, 191 HARRY O. ANDERSON, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct 15, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 28- 1914. to Oct 15 1915. that I saw her alive on Oct 15- 1915. and that death occurred, on the date stated above, at 10- p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. M. Fenatz M.D.

OCT 16 1915 (Address) 1831 EUTAW PLACE, BALTIMORE, MD.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park. DATE OF BURIAL: Oct. 18- 1915.

20-UNDERTAKER: Geo. L. Schwatka Bro. ADDRESS: 2101 Fred'k Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C88939

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88939

CERTIFICATE OF DEATH.

164

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Eastern Ave ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew N. Fritz

(Residence in Baltimore: No. 1816 Eastern Ave. St.: ....yrs. 9 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December 28, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William F. Fritz

11-BIRTHPLACE OF FATHER (State or Country), Baltimore. Md.

12-MAIDEN NAME OF MOTHER Lavenia A. Farmer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William F. Fritz

(Address) 1816 Eastern Ave.

15-
Filed OCT 18 1915, 191.. MARY O ANDREWS, Serial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 16th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 13th 1915, to October 16th 1915, that I saw h in alive on October 16th 1915, and that death occurred, on the date stated above, at 3.15 A m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis & Malignant

.....

.....

.....(Duration)....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

.....(Duration)....yrs....mos. 1 ds.

(Signed) Thos A Aulbach M. D.

10/16, 1915. (Address) 1621 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem

DATE OF BURIAL, Oct 18th, 191..

20-UNDERTAKER E Schlosnagle Son

ADDRESS 1037 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

(88940) (88940)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 - 57

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Berger

(Residence in Baltimore: No. 1429 E. Fayette St St.; 2 yrs., 2 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Single

6-DATE OF BIRTH, August 16, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (Balto City)

PARENTS.

10-NAME OF FATHER, Simon Berger

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Ardovitz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) a Smith

(Address) Johns Hopkins Hosp

15- Filed OCT 18 1915 19.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 17, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 16 1915, to October 17 1915, that I saw h alive on October 17 1915, and that death occurred, on the date stated above, at 12 30 p. m.

The CAUSE OF DEATH* was as follows:

Lead Poisoning (Anemia).

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Eating paint 3 or 4 years

(Duration) yrs. mos. ds.

(Signed) G F Powers M. D.

Oct. 17, 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yr. ....mo. 1 ds. In the State 2 yrs. 2 mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1427 E. Fayette St

19-PLACE OF BURIAL OR REMOVAL, Workmen Circle Bur. | DATE OF BURIAL, 10/18 1915

20-UNDERTAKER Jack Lewis | ADDRESS 1419 E Balt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C8894 C8894

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

170

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1816 St. Paul St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Smallwood Ruth's Rasin

(Residence in Baltimore: No. 1816 St. Paul St. St.; 35 yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: ? (Month) ? (Day) 1 ? (Year)

7-AGE: About 72 yrs. ? mos. ? ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: John Crawford

11-BIRTHPLACE OF FATHER (State or country): not known

12-MAIDEN NAME OF MOTHER: Mary Crawford

13-BIRTHPLACE OF MOTHER (State or country): not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Ethel V. Newton

(Address) Philadelphia Pa.

15- OCT 18 1915 Filed ..... 191 .....

MARY O ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 16th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12, 1914, to, Oct 16th 1915, that I saw h.. alive on Oct 16th 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) — yrs 11 mos ..... ds.

Contributory (SECONDARY) —

(Duration) ..... yrs ..... mos ..... ds.

(Signed), W A Fain M. D.

Oct 17, 1915 [Address] 12 E 25th

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Philadelphia Pa. — DATE OF BURIAL: Oct. 18, 1915

20-UNDERTAKER: Stewart & Mowen Co — ADDRESS: 108 W North Ave

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C8942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C8942

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F Rickard

3-(Residence in Baltimore: No. 2307 Keyser Place St.; yrs. 5ff mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 17th (Day), 1865 (Year)

7-AGE, 50 yrs. 6 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Balto City Md

PARENTS.

10-NAME OF FATHER. Thomas W Rickard

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER Mc Cannon

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. William L. Tudor

(Address) 2607 N. Keyser St.

15- OCT 18 1915 Filed....., 191. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 16th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. mos. ds.

(Signed) Edward L Russell M. D. (Coroner.)

Oct 17th, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1/2 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Dale Cemetery	Oct 18, 1915
20-UNDERTAKER. Mark Turner	ADDRESS 1424 Bway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8943

CERTIFICATE OF DEATH.

28 C8943

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 E Chase St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Edna Klees

(Residence in Baltimore: No. 927 E Chase St.; 32 yrs., 2 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 26 (Day), 1883 (Year)

7-AGE, 32 yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): C+P Telephone Co

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, William F Klees

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Margaretha Ohlgart

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Margaretha Klees

(Address) 927 E Chase St

15- OCT 18 1915 WARNER U. ANDERSON Filed ..... 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1915, to Oct 16 1915, that I saw her alive on Oct 16 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 9 mos. 17 ds.

CONTRIBUTORY (Secondary) Insanity

(Duration) yrs. 1 mos. ds.

(Signed) James M. Denton M. D.

Oct 18, 1915. (Address) 7 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Oct 19th, 1915.
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8 24-14—M. & T.—2000 Blks.

C88944

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88944

CERTIFICATE OF DEATH.

8 1-PLACE OF DEATH — REGISTERED No. C 120

CITY OF BALTIMORE (No. Mercy Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Grace

(Residence in Baltimore: No. 503 W. Mosher St. ST.; 10 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, (White)

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Dec. 12, 1828 (Month) (Day) (Year)

7-AGE, 86 yrs. 10 mos. 5 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Cuba

PARENTS.

10-NAME OF FATHER, John A. Grace

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Clementina Audoin

13-BIRTHPLACE OF MOTHER (State or Country), Cuba

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert St

15- Filed OCT 18 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 17, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1915, to Oct 17 1915, that I saw her alive on Oct 17 1915, and that death occurred, on the date stated above, at 5500 m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) Do not Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Senero Cutaneo Uremia

(Duration) Do not Know yrs. mos. ds.

(Signed) Edward P. Smith M. D.

Oct 17, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 13 ds. In the State Do not Know yrs. mos. ds.

Where was disease contracted if not at place of death? 503 W. Mosher St

Former or usual residence 503 W. Mosher St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Oct. 19th 1915.

20-UNDERTAKER H. W. Jenkins Sons Co ADDRESS Orchard Mc Culloh St

Spec.—8-24-14—M. & T.—2000 Bks.

C8945

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8945

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Dillon ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence E. Evans

(Residence in Baltimore: No. 3109 Dillon St.; 1 yrs. .. mos. .. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 28 (Day), 1915 (Year)

7-AGE, ..yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, Edward Evans

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md.

12-MAIDEN NAME OF MOTHER Sadie Bentz

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Evans

(Address) 3109 Dillon St.

15 OCT 18 1915 HENRY O. ANDREWS, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 6 1915, to Oct 16 1915, that I saw him alive on Oct 16 191, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ..yrs. 5 mos. 21 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ..yrs. ..mos. 18 ds.

(Signed) O L Low M. D.

10/18, 1915. (Address) 3711 Coldspring

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Oak Lawn Cemetery	Oct 18, 1915
20-UNDERTAKER	ADDRESS
A. Sander Sons	710 Fleet

Spec.—8-24-14—M. & T.—2000 Bks.

C88945

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88946

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 W Baltimore St.; 15 WARD)

REGISTERED No. C 78

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Caldwell

(Residence in Baltimore: No. 1822 W Baltimore St.; 40 yrs., ... mos., ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, November 9, 1826 (Month) (Day) (Year)

7-AGE, 88 yrs. 11 mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Home duties

9-BIRTHPLACE, (State or Country): Penna

PARENTS.

10-NAME OF FATHER, Wm. Armstrong

11-BIRTHPLACE OF FATHER (State or Country): Penna

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country): Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Emma Caldwell

(Address) 1822 W Baltimore

15- Filed OCT 18 1915, 191... HARRY O ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sep-30 1915, to Oct-16 1915, that I saw h— alive on Oct-16 1915, and that death occurred, on the date stated above, at 11 ½ m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) [illegible] M. D.

10/17, 1916. (Address) 2747 Monday

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Oct 18, 1915

20-UNDERTAKER Lee Cook | ADDRESS 1201 E Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

188947 (188917)

79

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3658 Falls Road St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ann Catherine Fisher

(Residence in Baltimore: No. 3658 Falls Road St.; 32 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: June (Month) 6 (Day), 1851 (Year)

7-AGE: 64 yrs. 4 mos. 10 ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE (State or country): Orange Co. Va.

PARENTS

10-NAME OF FATHER: Samuel A. Fisher

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Mary A.C. Phillips

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Miss. Annie Mehan
(Informant)
3658 Falls Road
(Address)

15- Filed OCT 18 1915, 191... HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 1915, to, Oct. 16 1915, that I saw h... alive on Oct. 16 1915, and that death occurred, on the date stated above, at 4.45p m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation & Chronic Myocarditis.

(Duration) 10 yrs ... mos ... ds.

Contributory (SECONDARY) Pulmonary Edema

(Duration) ... yrs ... mos. 1 ds.

(Signed), W. H. Smith M. D.

Oct. 17 1915 [Address] 3435 Chestnut Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Oct 19 1915

20-UNDERTAKER: H S Marshall — ADDRESS: 3539 Falls Rd

Spec.—5-19-13—M. & T.—509 Bks.

C88948

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88948

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 N. Carrollton Ave Ward 6)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Jones

(Residence in Baltimore: No. 217 N. Carrollton Ave St., 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. 6, 1836
(Month) (Day) (Year)

7-AGE, 79 yrs. 8 mos. 10 da.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Stove Moulder
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sarah E. Jones

(Address) 217 N. Carrollton Ave

15- OCT 18 1915 Filed....., 191... BARRY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 16, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15 1915, to Oct. 16 1915, that I saw him alive on Oct. 16, 1915, and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. 1 mos. ds.

(Signed) J. H. Lunsford Kisner M. D.

Oct. 17, 1915. (Address) 814 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Oct. 19, 1915

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88949

HEALTH DEPARTMENT--CITY OF BALTIMORE

C88949

CERTIFICATE OF DEATH

45

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 225 N. Calhoun St. St.: 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver C. Somers –

(Residence in Baltimore: No. 225 N. Calhoun St. St.: 27 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July – 10, 1837 (Month) (Day) (Year)

7-AGE: 78 yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Crisfield Md.

PARENTS

10-NAME OF FATHER: Benjamin F. Somers

11-BIRTHPLACE OF FATHER (State or country): Crisfield Md.

12-MAIDEN NAME OF MOTHER: Mary Blades

13-BIRTHPLACE OF MOTHER (State or country): Crisfield Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Missouri B. Somers –

(Address) 225 N. Calhoun St.

15. OCT 18 1915 Filed ....., 191 HARRY O ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. – 16 –, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 25 ....., 191 , to Oct 16 1915. that I saw h... in alive on Oct. – 15 – 1915. and that death occurred, on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

Cancer (abdomen)
(Clinical Diagnosis)

(Duration) ? yrs. ..... mos. ..... ds

Contributory (SECONDARY) Exhaustion – anaemia

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Wilbur P. Webb M. D.

Oct 16, 1915 (Address) 1064 N. Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Oct. 18, 1915

20-UNDERTAKER: Joseph B. Coolf — ADDRESS: 1003 West Baltimore St.

C88950

HEALTH DEPARTMENT---CITY OF BALTIMORE

C88950

CERTIFICATE OF DEATH

29

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Elizabeth Court ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Dutton

(Residence in Baltimore: No. 4 Paul St; 1 yrs. 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 25 (Day) 1914 (Year)

7-AGE: 1 yrs. 2 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Philadelphia Pa

PARENTS

10-NAME OF FATHER: Nova Smith

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Martha Dutton

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martha Dutton

(Address) 1300 Bruce St

15. OCT 18 1915 Filed ..... 191 .....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 16 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1915, to Oct 4 1915, that I saw h... alive on Oct 16 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Glandular Tuberculosis

(Duration) yrs. mos. ds.

(Signed) Edgar P ~~Dr~~ Lindenwald M. D.

Oct 17, 1915 [Address] 16 E Lundenwald

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death.....yrs. 4 mos. ds. In the State yrs. 4 mos. — ds.

Where was disease contracted, if not at place of death? Previous to admission

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Oct 18th 1915

20-UNDERTAKER: Grazer & Hall — ADDRESS: 319 Robert St

088951

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 556 Mosher street, ST. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert H. Roles,

(Residence in Baltimore: No. 556 Mosher street, St. — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, September 25th, 1873.
(Month) (Day) (Year)

7-AGE, 42 yrs. 0 mos. 22 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Shirt factory,

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country). Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hattie H. Roles, wife,
(Address) 556 Mosher street,

15- FILED OCT 18 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 17th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis,
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic alcoholism,
(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Frederick Kemp M. D.
(Coroner)

Oct. 18, 1915 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, OCT 18 1915

20-UNDERTAKER Samuel T. Kennedy — ADDRESS 578 W. Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88952

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88952

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Herkimer ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dodges

(Residence in Baltimore: No. 1321 Herkimer St.; ...yrs., 6mos. 8ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Apr. (Month) 25, (Day) 1915 (Year)

7-AGE, ...yrs. 6mos. 8ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). (Baltimore City) Maryland.

PARENTS.

10-NAME OF FATHER. Andrew Dodges

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Salome Bodichuts

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Dodges X

(Address) 1321 Herkimer St.

15- FILED OCT 18 1915 HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 17, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17 1915, to Oct 17 1915, that I saw him alive on Oct 17 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Gastro

Enteritis

(Duration) ...yrs. ...mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs. ...mos. ...ds.

(Signed) Geo. A. Straus Jr. M. D.

Oct. 17, 1915. (Address) 1935 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem. DATE OF BURIAL, Oct. 19, 1915

20-UNDERTAKER John Szczlanckas ADDRESS 500 S. Paca St.

C88953

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 1120 C88953

CITY OF BALTIMORE: (No. 635 W. Pratt St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Justin Kryksenn

(Residence in Baltimore: No. 635 W. Pratt St.; 52 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Not Known (Month), (Day), 1863 (Year)

7-AGE: 52 yrs. — mos. — ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Joseph Kryksenn

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: not Known

13-BIRTHPLACE OF MOTHER (State or country): not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M. Kryksenn

(Address) 635 W. Pratt St.

15- Filed OCT 18 1915, 191 — HARRY S. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25, 191 5, to Oct. 16 191 5, that I saw h[illegible] alive on Oct. 16 191 5, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

10+ (Duration) yrs. mos.

Contributory (SECONDARY): Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

(Signed), John A. Theodosopy M. D.

Oct 17, 191 5 [Address] 629 Cathedral St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 635 W Pratt St

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem — DATE OF BURIAL: Oct. 20, 1915

20-UNDERTAKER: John Grebiankow — ADDRESS: 500. S. Peca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88954

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 Johns Lane St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Johnson

(Residence in Baltimore: No. 17 Johns Lane St.; 70 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH. May (Month) 10 (Day), 1845 (Year)

7-AGE,	If LESS than 1 day,
63 yrs. 5 mos. 6 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Calvert Co. Md

PARENTS.

10-NAME OF FATHER, Frank Watson

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co. Md

12-MAIDEN NAME OF MOTHER Betsie Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Watson

(Address) Belamont St

15- OCT 18 1915 Filed 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 5 1915, to Oct 16 1915, that I saw her alive on Oct 15 1915, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard Dove M. D.

Oct 16, 1915. (Address) Lemington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Colored Odd Fellows Cem	Oct 18, 1915
20-UNDERTAKER	ADDRESS
Charles H. Bell	3107 Fredk Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88955

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 3 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Gibson

(Residence in Baltimore: No. 126 S. Bethel St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write word only.)
Female	Black	Widowed

6-DATE OF BIRTH, Dec 2, 1877.
(Month) (Day) (Year)

7-AGE, 37 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Private families

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jessie Harden

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane Coates

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Record Mercy Hospital
(Address) Calvert St

15- Filed OCT 18 1915, 191.... ROBERT ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 12, 1915.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Aug 21 1915, to Oct 12 1915, that I saw h[illegible] alive on Oct 12 1915, and that death occurred, on the date stated above, at 2.35 a.m.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiency
Endocarditis
(Duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Broken Compensation
Acute
(Duration) ....yrs. 3 mos. ....ds.
(Signed) Edward P. Smith M. D.
Oct. 12, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. 1 mos. 21 ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? 126 So Bethel St
Former or usual residence 126 So Bethel St

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY — DATE OF BURIAL, OCT. 18 1915

20-UNDERTAKER Commissioner Health, — ADDRESS

Per Wm E. WOODALL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C8953 — 169 — C8958

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Lancaster Alley St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Not known

(Residence in Baltimore: No. Not known St.; yrs., Not known mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Not known

6-DATE OF BIRTH, ... Not known, 1 .....
(Month) (Day) (Year)

7-AGE, 25 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Not known
(b) General nature of industry, business, or establishment in which employed (or employer)..... Not known

9-BIRTHPLACE. (State or Country), Not known

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed OCT 18 1915. ROBERT . KRAUTER Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... October 11th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Probable Accidental Drowning.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... David M. Jones ..... M. D.
(Coroner.)

Oct. 12th 1915 (Address) 3116 Ordnance Rd.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	OCT 18 1915, 19....
20-UNDERTAKER	ADDRESS
Commissioner Health.	

Per. Wm E. WOODALL.

HEALTH DEPARTMENT—CITY OF BALTIMORE

120

C88957

CERTIFICATE OF DEATH.

C88957

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1606 Etting street, ST. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Marshall,

(Residence in Baltimore: No. 1606 Etting street, St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Unknown,

6-DATE OF BIRTH, Unknown, (Month) (Day) / (Year)

7-AGE, 62 ? yrs. ? mos. ? ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day laborer in
(b) General nature of industry, business, or establishment in which employed (or employer): paint store,

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) No informant.

(Address)

15- Filed OCT 18 1915 191 ROBERT . KRAUTER, Registrar. Burial Permit 0 1 or 2

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 24th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemic convulsions,
probably due to Chronic interatitial nephritis,
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Probably Chronic lead-poisoning.
(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

Sept. 25 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
PUBLIC CEMETERY	OCT 18 1915
20-UNDERTAKER	ADDRESS
Commissioner Health,	

Per Wm F. WOODALL.

N.B. Accuracy of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88953 C88953

CERTIFICATE OF DEATH.

1 120

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Mullen

(Residence in Baltimore: No. Evening Home St.: ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word.) Lower

6-DATE OF BIRTH, Not known, 1.....
(Month) (Day) (Year)

7-AGE, 62 ?
.....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Not known

PARENTS.

10-NAME OF FATHER, " "

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER " "

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert St.

15- ROWERY . KRAUTER

Filed OCT 18 1915 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 11, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 3 1915, to Oct. 11 1915, that I saw him alive on Oct. 11 1915, and that death occurred, on the date stated above, at 9.25 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

Not known
(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) ....yrs. 1 mos. 8 ds.

(Signed) Edward L. Smith M. D.

Oct. 11, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 8 mos. ds. In the State Not known yrs. mos. ds.

Where was disease contracted, if not at place of death? Evening Home

Former or usual residence Evening Home

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY DATE OF BURIAL, OCT 18 1915, 191..

20-UNDERTAKER Commissioner Health. ADDRESS

Per. Wm. E. WOODALL

Morgue

Spec.—5-19-13.—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88959 C88959

8 170

1-PLACE OF DEATH Hahnemann Gen Hospital REGISTERED No. C

CITY OF BALTIMORE: (No. 1111 N Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Levi

(Residence in Baltimore: No. 1406 N Mount St.; ...yrs., mos. ds)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, Single MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, Feb 11th, 1865.
(Month) (Day) (Year)

7-AGE, 50 yrs. 6 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Stable Scrubber

9-BIRTHPLACE, (State or Country), Williamsport Md

PARENTS.

10-NAME OF FATHER, Abraham Levi

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Millie Grant

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed OCT 18 1915, 191... ROBERT . KRAUTER, Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 10th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1915, to Oct 10th 1915, that I saw h-- alive on Oct 10th 1915, and that death occurred, on the date stated above, at 10.20 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

.....

.....

..... (Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

..... (Duration) Unknown yrs. mos. ds.

(Signed) Geo E Enoch per WD Deceased Res Phys M. D.

Oct 14th, 191... (Address) 905 N Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1406 N Mount St

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, OCT 18 1915, 191...

20-UNDERTAKER ADDRESS

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88960 C88960

CERTIFICATE OF DEATH.

153

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(Residence in Baltimore: No. Unknown. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, ? (Month) (Day) 1 (Year)

7-AGE, For days ? yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), ?

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country). ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police records.

(Address)

15- OCT 18 1915 ROBERT . KRAUTH Registrar.
Filed, 191

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 17, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Exposure. Child found by police in rear of 1109 N. Lloyd St. Pronounced dead at Mercy Hospital.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. P. Chamberlain M. D. (Coroner.)

Sept 24 1915. (Address) 8. N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death, yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, OCT 18 1915, 19

20-UNDERTAKER Commissioner Health, ADDRESS

C. HALL.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Bogdan

(Residence in Baltimore: No. 731 S. Ann St St.; 37 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. December (Month) 24 (Day), 1877 (Year)

7-AGE, 37 yrs. 9 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron moulder
(b) General nature of industry, business, or establishment in which employed (or employer): Iron foundry

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Valentine Boydan

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Jadwiska

13-BIRTHPLACE OF MOTHER (State or Country), unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. F. Sadowski (undertaker)

(Address) 705 S. Ann St.

15- Filed OCT 18 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. October (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxic pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Fell overboard from boat (accident)

(Duration) yrs. mos. 5 ds.

(Signed) H. Feldhausen M. D. (Coroner)

Oct. 18, 1915 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Oct 19th, 1915

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann St

Spec.—8-24-14—M. & T.—2000 Blks.

C88962

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C88962

CERTIFICATE OF DEATH.

4

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Hartzell

(Residence in Baltimore: No. 1924 Hope St. St.; 27 yrs., 5 mos. 20 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 15, 1888
(Month) (Day) (Year)

7-AGE. 27 yrs. 5 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Jordan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Reed

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary T. Colbert

(Address) 1307 Valley St.

15- OCT 18 1915 Filed....., 191.... ROBERT KRAUTER, [illegible] Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct. 18, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 13 1915, to Oct. 18 1915, that I saw h-e alive on Oct. 18 1915, and that death occurred, on the date stated above, at 3P. m.

The CAUSE OF DEATH* was as follows:

Bronchi-Pneumonia

Empyema -

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ....yrs. ....mos. 1- ds.

(Signed) O. V. Pinhardt M. D.

Oct. 18, 1915. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 1924 Hope St. —

19-PLACE OF BURIAL, OR REMOVAL, Oak Lawn — DATE OF BURIAL, Oct. 20 1915.

20-UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Guilford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186 C88963

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 613 N Decker Ave St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Biger

(Residence in Baltimore: No. 613 N Decker Ave

St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 7th, 1914.
(Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Christian Biger

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Fannie Seliz

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Fannie Biger
(Address) 613 N. Decker Ave

15- OCT 18 1915 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 17th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Fracture of Skull & Cerebral Hemorrhage
by a Horse & Cart passing over body.
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY
(Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) Edgar A Culbreth M. D.
(Coroner.)
Oct 17, 1915 (Address) 412 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Oakhill Cem	Oct 19th, 1915
20-UNDERTAKER	ADDRESS
Wm Cook	1112 E Mad

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Catherine Ackerman

C88964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 81

C88964

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Catherine Ackerman

(Residence in Baltimore: No. St. Josephs Hospital St.; ....yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, 5 (Month) 27 (Day), 1827. (Year)

7-AGE, 88 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Seifried

(Address) Fullerton Md.

15- Filed OCT 18 1915, 191.... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 18 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1915, to Oct 18 1915, that I saw her alive on Oct 18 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

1 General debility due to

The infirmities of old age

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

2 (Duration) 15 yrs. ....mos. ....ds.

(Signed) Edward M. G. Rieger M. D.

Oct 18, 1915. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 50 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Fullerton Post Office

19-PLACE OF BURIAL OR REMOVAL, St Joseph Cemetery — DATE OF BURIAL, Oct 20, 1915.

20-UNDERTAKER Frederick Lasseter Sons — ADDRESS Fullerton Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 120

C88965

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Fitz

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, (Month) ..... (Day) ..... (Year) 1869

7-AGE, 46 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Steel Wks

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, John Fitz

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- FILED OCT. 18. 1915 ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 15 1915, to October 15 1915, that I saw h alive on October 15 1915, and that death occurred, on the date stated above, at 9 30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 8 yrs. + mos. ..... ds.

CONTRIBUTORY (Secondary) Uremic Convulsion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C R Grasson M. D.

Oct. 16, 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 20 West E St Spring Point

19-PLACE OF BURIAL OR REMOVAL, Greenlawn Cemetery — DATE OF BURIAL, Oct 19, 1915

20-UNDERTAKER E. M. Underwood — ADDRESS 1106 E Chase St

Spec.—8-24-14—M. & T.—2000 Blks.

Seymore Rumble.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88965 C88965

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Seymore Rumble

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 36 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, Married WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	

6-DATE OF BIRTH, Unknown ....., 1872
(Month) (Day) (Year)

7-AGE, 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Steward
(b) General nature of industry, business, or establishment in which employed (or employer) ..... British Seaman

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, A. Rumble

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Elizabeth Smith

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital

(Address) Lombard and Greene Sts.

15. OCT 18 1915 ROBERT . KRAUTER

Filed ....., 191... Special Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 18, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept - 12 1915, to Oct - 18 1915, that I saw him alive on Oct - 18 1915, and that death occurred, on the date stated above, at 5-45 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ..... yrs. ..... mos. 36 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. Regan Jr. M. D.

10/18/15, 191... (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 36 ds. In the State ..... yrs. ..... mos. 36 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence S.S. Duffield (England)

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	Oct 19, 1915
20-UNDERTAKER Jos. Cook	ADDRESS 1023 N. Bolton St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+130 C83967

0

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Myrtle ave St.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Irene M. Montgomery

(Residence in Baltimore: No. 5739 Park Heights Ave St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Sept 26, 1890
(Month) (Day) (Year)

7-AGE, 25 yrs. ..... mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sales Lady
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dept Store

9-BIRTHPLACE, (State or Country) New Orleans -

PARENTS.

10-NAME OF FATHER, Wm Montgomery

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs V. E. Hawkins

(Address) 5739 Park Heights Ave

15-

Filed OCT 18 1915 ROBERT . KRAUTER, REGISTRAR.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17— 1915, to Oct 18 1915, that I saw h[illegible] alive on Oct 18— 1915, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Brights Disease

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Samuel A Bair M. D.

Oct 18, 1915. (Address) 1137 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Oct 19 1915

20-UNDERTAKER Wm A Kohler & Son — ADDRESS 730 Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

William Boehers

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88968

C88968

CERTIFICATE OF DEATH.

170

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2425 E. Chas St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Boehers

(Residence in Baltimore: No. 2425 E Chase st St.; 75 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... December, 1 ..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
..... yrs. ..... mos. ..... ds.	.... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Saloon .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Keeper .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Franz Boehers

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Fuchs

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Elizabeth Boehers .....

(Address) 2425 E. Chase st.

15- OCT 18 1915 Filed ..... 191.. Robert A. Krautter, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 17, (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 3 1915, to Oct 17 1915, that I saw h M alive on Oct 17 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration) ..... yrs. 4 mos. ..... ds.

(Signed) Geo. Stella M. D.

Oct 18, 1915. (Address) 1935 Guilford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, Oct 20 1915

20-UNDERTAKER George J Ruth ADDRESS 1735 Hanford Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88969 C88969

CERTIFICATE OF DEATH.

REGISTERED NO. C 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 N. Carey ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Berger

(Residence in Baltimore: No. 1708 N. Carey St. St.; 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct — 1869
(Month) (Day) (Year)

7-AGE, 46 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Button Hole
(b) General nature of industry, business, or establishment in which employed (or employer): Maker

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Israel Berger

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Lewis

(Address) 1419 E. Balto

15- OCT 19 1915 Filed....., 191..... HARRY O. ANDERSON, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 17, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June, 1915, to Oct 18th 1915, that I saw h[im] alive on Oct. 17 1915, and that death occurred, on the date stated above, at 10:38 m.

The CAUSE OF DEATH* was as follows:

(a) Tumor of Brain

(Glioma)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 2 yrs. mos. 1 ds.

(Signed) Charles Bagley, Jr. M. D.

Oct 19, 1915. (Address) 3 W. Eldon St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Hebrew Washington Rd

DATE OF BURIAL, Oct 19, 1915

20-UNDERTAKER Jack Lewis

ADDRESS 1419 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(88970) (88970)

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 414 E Lanvale ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Flaherty

(Residence in Baltimore: No. 414 E Lanvale St.; ..... yrs., 4 mos. 14 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 4, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Flaherty

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Annie McDonald

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Flaherty

(Address) 414 E Lanvale St

15- Filed OCT 19 1915, 191... HARRY O ANDREWS, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1915, to Oct 18 1915, that I saw h 4 alive on Oct 14 1915, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Malnutrition -
Stercoral ulcer of colon
Fecal (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J J Kirby M. D.

Oct 19, 191 5 (Address) 110 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, Oct 19, 191 5

20-UNDERTAKER A Fahey & Sons ADDRESS 606 Fayette

over

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

068971 67 068971

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2686 St. Benedict St.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J Burch

(Residence in Baltimore: No. 2686 St Benedict St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, August (Month) 7 (Day), 1838 (Year)

7-AGE, 77 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Mariner
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER. William Burch

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Mary Lewis

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George J. Burch

(Address) 2686 St. Benedict St.

15. Filed OCT 19 1915, 191 BASIL O ANDREWS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 18 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1914, to Oct. 18 1915, that I saw him alive on Oct 17 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

.....Paralysis.....

..... (Duration) yrs. Several mos. ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

..... (Duration) yrs. Several mos. ds.

(Signed) Leonard E. Beach M. D.

....., 191... (Address) 1 E. 21st St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Oct 20, 1915

20-UNDERTAKER Elias G. Black

ADDRESS 1201 W Madison St

Spec.—5-19-13—M. & T.—500 Blks

C8972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 C8972

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 916 N Collington Ave ST.; 7 WARD)

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Fischer

(Residence in Baltimore: No. 916 N. Collington Ave St.: ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Aug (Month) 21 (Day), 1889 (Year)

7-AGE: 26 yrs. 1 mos. 27 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Louis C. Fischer

11-BIRTHPLACE OF FATHER (State or Country): Don't Know

12-MAIDEN NAME OF MOTHER: Mary C Rosenthal

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas F Christopher

(Address) 916 N Collington Ave

15- OCT 19 1915 MARRY O. ANDREWS Burial Permit Clerk
...., 191... Registrar.

Dr Algire 1340 Roland Ave

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1915 to Oct 18 1915, that I saw h alive on Oct 17 1915, and that death occurred, on the date stated above, at 3.50 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ...yrs. 4 mos. ...ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ...yrs. ...mos. ...ds.

(Signed) Henry C. Algire M. D.

Oct 18 1915. (Address) 1340 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Old Orchard — DATE OF BURIAL, Oct 20, 1915.

20-UNDERTAKER: William Cook — ADDRESS: 502 E Monument

U. S. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88973

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C88973

92

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 2213 Madison Ave ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie F Mettee

(Residence in Baltimore: No. 2213 Madison ave [illegible] yrs. [illegible] mos. [illegible] ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH May 13, 1824
(Month) (Day) (Year)

7-AGE 91 yrs. 5 mos. ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City Maryland

PARENTS

10-NAME OF FATHER: Richard Dawson

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Mettee

(Address) 2213 Madison Ave

15. OCT 19 1915 (Filed) 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Oct 18, 191[illegible]
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct [illegible], 191[illegible], to Oct 17 191[illegible], that I saw h[illegible] alive on Oct 17, 191[illegible], and that death occurred, on the date stated above, at 12[illegible]5 m.
The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) Asthenia

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Duncan MacCalman M. D.

Oct 19, 191[illegible] (Address) 8[illegible]7 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Oct 20, 191[illegible]

20-UNDERTAKER: Wm J Dickey & Son

ADDRESS: North & Penn

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C38971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 167 C38971

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1100 Riverside Ave ST. 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marcleana North

(Residence in Baltimore: No. 1100 Riverside Ave

St.; yrs. 20 mos. ~~dys.~~)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Dec (Month) 25 (Day), 1863 (Year)

7-AGE,	If LESS than 1 day,
51 yrs. 9 mos. 24 da.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Harford Co Md

PARENTS.

10-NAME OF FATHER, James Osman

11-BIRTHPLACE OF FATHER (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER Marcleana North

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Myrtle Peppenback

(Address) 405 E Hamburg St

OCT 19 1915. HARRY O ANDREWS,

Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns
Clothing Caught on fire from oil Stove

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) Edw Grumbine M. D.
(Coroner.)

Oct 18 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	Octo. 19. 1915

20-UNDERTAKER William Cook ADDRESS 502 E. North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88975 114 C88975

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1104 S. Eutaw ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Karn

(Residence in Baltimore: No. 1104 S. Eutaw St.: 58 yrs., 10 mos., 14 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Jan (Month) 5 (Day), 1857 (Year)

7-AGE, 58 yrs. 10 mos. 14 da. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.
10-NAME OF FATHER, George Karn
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Mary Velte
13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Annie Karn
(Address) 1104 S. Eutaw

15- Filed OCT 19 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1915, to Oct 17 1915, that I saw h[illegible] alive on Oct 17 1915, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:
Gall Stones
(Duration) ... yrs. 8 mos. ... da.
CONTRIBUTORY (Secondary) Asthenia
(Duration) ... yrs. 2 mos. ... da.

(Signed) Harry Goss M. D.
Oct. 16, 1915. (Address) 1300 Mt. Royal Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Oct. 19, 1915.
20-UNDERTAKER	ADDRESS
William Cook	732 E North Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C88976 C88976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1519 E Preston ST.; 8 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia A W. Pentz

(Residence in Baltimore: No.) 1519 E. Preston St.; 65 yrs., 3 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 19 (Day), 1850 (Year)

7-AGE, 65 yrs. 3 mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: [redacted]
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER, Charles A. Pentz

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Catherine S. Watts

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Margaret Crow

(Address) 1519 E Preston St

15- Filed OCT 19 1915, 191 HARRY O ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1915, to Oct. 18, 1915, that I saw her alive on Octob 17, 1915, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Arteris Sclerosis

(Duration) yrs. 10 mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Edwin B. Fenby, M. D.

Oct. 18., 1915. (Address) 1223 N. Carolina. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Baltimore — DATE OF BURIAL, Oct 21, 1915

20-UNDERTAKER Wm Cook — ADDRESS 502 E. North

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

C88977 C88977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Forby

(Residence in Baltimore: No. 526 Dolphin Street St.; ....yrs., 2 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Dec. 14th, 1915. (Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward Forby

11-BIRTHPLACE OF FATHER (State or Country), Chattanooga, Tenn.

12-MAIDEN NAME OF MOTHER Ida Mathews

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Rozzell

(Address) Hosp. Hopkins Hosp.

15- OCT 19 1915 Filed....., 191.... HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 18th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 7th 1915, to Oct. 18th 1915, that I saw h[illegible] alive on Oct. 14th 1915, and that death occurred, on the date stated above, at 12 A. m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

.....

..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Prematurity; chronic intest[illegible] Indigestion (Duration) ....yrs. ....mos. 5 wks. ds.

(Signed) Gilbert W. Rozzell M. D.

Oct. 18th, 1915. (Address) Hosp. Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State 4 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 526 Dolphin Street

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Oct. 19, 1915

20-UNDERTAKER Edward W. Pye ADDRESS 611 Winters Ave Catons

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. ...ired. AGE should be stated EXACTLY. PHYSICIANS should state ...ay be properly classified. Exact statement of OCCUPATION is very

C88978 HEALTH DEPARTMENT--CITY OF BALTIMORE C88978

CERTIFICATE OF DEATH

120

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 117 E. Fort Av. St.; 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Stuntebeck

(Residence in Baltimore: No. 117 E Fort Av St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Oct 11, 1847 (Month) (Day) (Year)

7-AGE: 68 yrs. 5 mos. 5 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Richmond Va.

PARENTS

10-NAME OF FATHER: Frederick

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Lyndorn

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Stuntebeck

(Address) 117 Fort Av.

15- OCT 19 1915. Filed 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct 18th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 1st, 1915, to Oct-17th, 1915, that I saw h-e alive on Oct-16th, 1915, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Chronic Bright

(Duration) ..... yrs. 6 mos. 5 ds

Contributory (SECONDARY) Arterial

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) H. D. Singleton M. D.

Oct-18, 1915 (Address) 1425 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. | In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Oct 20 191

20-UNDERTAKER: W. J. Fahey & Co | ADDRESS: 10 E. Eutaw St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C8979

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C8979

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 125 N. Patterson Pk. Ave. St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Hilgartner

(Residence in Baltimore: No. 125 N. Patterson Pk. Ave. St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov 8. (Month) (Day), 1857 (Year)

7-AGE: 57 yrs. 11 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Commission Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Henry S Hilgartner

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Helen A Pfeltz

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma J Hilgartner

(Address) 125 N Patterson Pk Ave

15. HARRY O ANDREWS
OCT 19 1915, 191 Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 17, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1915, to, Oct. 17 1915, that I saw him alive on Oct. 14, 1915, and that death occurred, on the date stated above, at 5a. m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Arteriosclerosis

(Duration) 3 yrs. — mos. — ds

Contributory (SECONDARY): Cerebral Hemorrhage

(Duration) — yrs. — mos. 8 hrs.

(Signed) J. T. Owens M. D.

Oct. 18, 1915 (Address) 1042 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Oct 20, 1915

20-UNDERTAKER: Roth Bros — ADDRESS: 1442 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88980 C88980 81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.: 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Cornish

(Residence in Baltimore: No. 1005 Salesbury Alley St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1888.
(Month) (Day) (Year)

7-AGE, 27 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wash Cornish

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ella Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Cornish

(Address) 1005 Salesbury Alley

15- OCT 19 1915, 191.... BARRY O'NEILL (Burial Permit Clerk)
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 15, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1915, to Oct 15 1915, that I saw him alive on Oct 15 1915, and that death occurred, on the date stated above, at 2.40 p. m.

The CAUSE OF DEATH* was as follows:

Aortic Abdominal Aneurysm

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. Pegram M. D.

....., 191... (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State 27 yrs. ..... mos. - ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Baltimore Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, OCT. 18 1915 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND. Commissioner of Health. per Wm. F. RODDALL

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C88981 Catherine Manuel C88981

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1631 Lovington ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Catherine Manuel

(Residence in Baltimore: No. 1631 Lovington St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 ~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word) Widowed

6 DATE OF BIRTH ~~January~~ March, 1832 (Month) (Day) (Year)

7 AGE 73 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Heathy

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Loughlin

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Manuel

(Address) 1631 Lovington

OCT 19 1915 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 16, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1915, to Oct 16 1915, that I saw h[er] alive on Oct 16, 1915, and that death occurred, on the date stated above, at 6.10 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Hypostatic

(Duration) yrs. mos. 10 ds

Contributory (SECONDARY) Accidentally burned (Clothing caught fire from gas stove)

(Duration) yrs. mos. 17 ds.

(Signed) George L Duane M. D.

Oct 17, 191 (Address) 721 McElderry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Oct 20, 1915

20 UNDERTAKER Geo. Watkins Home | ADDRESS 1318 Eagle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C88982

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88982

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Robinson

(Residence in Baltimore: No. 1515 Mulberry St. St.; ... yrs., — mos. — ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 20th (Month) (Day), 1915. (Year)

7-AGE, ... yrs. 4 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Garfield Robinson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Carrie Randolph

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Rosen

(Address) Johns Hopkins Hosp.

15- OCT 19 1915

Filed ..., 191.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 18th (Month) (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 14th 1915, to Oct 18th 1915, that I saw h[im] alive on Oct 18th 1915, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Alimentary intoxication

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic intestinal indigestion (Duration) ... yrs. 4 mos. ... ds.

(Signed) Gilbert W Rosenthal M. D.

Oct 19th, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ✓ mos. ... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1515 Mulberry St.

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem. DATE OF BURIAL, Oct 20 1915

20-UNDERTAKER Mrs J. S. Locks ADDRESS 1302 Jefferson

Spec.—5-19-15—M. & T.—500 Bks.

C88983 C88983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 E. Preston St.; 11 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael F. Fahey

(Residence in Baltimore: No. 426 E. Preston St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 4 (Day), 1861 (Year)

7-AGE, 54 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorman on
(b) General nature of industry, business, or establishment in which employed (or employer): W. R. R. Co's. Electric Steel Cars

9-BIRTHPLACE, (State or Country), Govans, Balto. Co, Md.

PARENTS.

10-NAME OF FATHER, Patrik Fahey

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Mary Fitzpatrick

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Fahey

(Address) 426 E. Preston St.

15- OCT 19 1915 Filed ....., 191.. HARRY O. ANDERSON, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1915, to Oct 18 1915, that I saw him alive on Oct 17 1915, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(Duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. P. Cramm M. D.

Oct. 18 1915. (Address) 5 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Oct. 21, 1915.

20-UNDERTAKER, Henry W. Maas & Son — ADDRESS 505 N. Gilmor St.

I. B. Explanation of information should be carefully supplied. ALL should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-15—M. & T.—500 Rks.

C88984

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88984

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 207 Aisquith ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada M. Griffin

(Residence in Baltimore: No. 207 Aisquith St.; 66 yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, about (Month) (Day) 1853 (Year)

7-AGE, 66 yrs. 7 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, James Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Adela Martin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Bishop

(Address) 1107 Druid Hill Ave

15- OCT 19 1915 1915 HARRY O. ANDERSON, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 17 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 14 1915, to Oct. 17 1915, that I saw her alive on Oct. 14 1915, and that death occurred, on the date stated above, at 4P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. 7 mos. ds.

Signed) Geo. E. Cam M. D.

Oct. 19 1915 (Address) 515 Mosher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Oct. 21 1915

20-UNDERTAKER John A. Bishop — ADDRESS 617 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88985 C88985

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N Bond ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Eisenburg

(Residence in Baltimore: No. 611 N Bond St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 8, 1879
(Month) (Day) (Year)

7-AGE, 35 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Phillip Kirchner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Marie Heuser

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. E. Eisenburg

(Address) 611 N. Bond St.

15- OCT 19 1915
Filed....., 191.....
MARK O. ANDREWS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 18th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1915, to Oct 18 1915, that I saw h alive on Oct 18 1915, and that death occurred, on the date stated above, at 3.10 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wash. E. Steiner M. D.

Oct 18, 1915. (Address) 1411 E. 30th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County

DATE OF BURIAL, Oct. 20, 1915.

20-UNDERTAKER Albert E. Fuller

ADDRESS 721 W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88986 C88986 41

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3527 Old York Road St. 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Miles Beall

(Residence in Baltimore: No. 3527 Old York Road St.: 44 yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, November 13, 1847
(Month) (Day) (Year)

7-AGE, 67 yrs. 11 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco Merchant

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Wilson Beall

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary J. Miles

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Beall

(Address) Wellsburg W. Va.

15- Filed OCT 19 1915 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 18 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1915, to Oct 18 1915, that I saw him alive on Oct 18 1915, and that death occurred, on the date stated above, at 11-30 a.m.

The CAUSE OF DEATH* was as follows:

a .....

b .....

c .....

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of rectum

Clinical Diagnosis (Duration) 1 yrs. mos. ds.

(Signed) H. G. Saunders M. D.

Oct. 18, 1915. (Address) 634 Gough ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wellsburg W. Va. DATE OF BURIAL, Oct. 20, 1915

20-UNDERTAKER Stewart & Moren Co ADDRESS 108 W North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 C8898?

79 C8898?

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1008 N. Eutaw St.: 1 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Rohart

(Residence in Baltimore: No. 1008 N. Eutaw St St.: (yrs., 71) mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 14 (Day) 1844 (Year)

7-AGE,	If LESS than 1 day,
71 yrs. 9 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Genl Work at
(b) General nature of industry, business, or establishment in which employed (or employer): Md Hatch Packing House

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Leopold Niederling

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Rohart

(Address) 1008 N. Eutaw St

15- OCT 19 1915 Filed ROBERT . KRAUTER, Burial Permit Clerk. 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 15 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) found that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)

(Duration)..... yrs..... mos..... ds.

(Signed) David W. Jones M. D. (Coroner.)

Oct. 15, 1915 (Address) 3116 Old Frederick

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart.	Oct 20th 1915
20-UNDERTAKER John A Moran	ADDRESS Bank & Arnold

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 Registered No. C 1884

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Gray

(Residence in Baltimore: No. 1026 Linn St.)

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE: 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) .....

15- Filed OCT 19 1915 ROBERT . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH October 9th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest + autopsy (Inquest, autopsy or inquiry), thereon and from the evidence obtained by said Inquest + autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Dislocation due to fracture of 10 & 11 dorsal vertebra the result of a fall through a third story window. Probably homicide

(Duration) ... yrs. ... mos. 1 3 ds.

CONTRIBUTORY (Secondary) 0

(Duration) ... yrs. ... mos. ... ds.

(Signed) Mors McDavagh M. D.
(Coroner.)

Oct. 15, 1915. (Address) 1729 Hoffman Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. 13 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? at 1026 Linn St.

Former or usual residence 1026 Linn St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	OCT 19 1915
20-UNDERTAKER Commissioner Health	ADDRESS

PER. WM. F. WOODALL

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C68989 C68989

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 540 N Calvert St ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Dright

(Residence in Baltimore: No. 540 N Calvert

~~St.; ward~~ ~~No.~~ 18 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 1 (Day) 1915 (Year)

7-AGE, ~~Years~~ ~~Mos.~~ 18 ~~Ds.~~

If LESS than 1 day, ~~hrs.~~ or ~~min.~~

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), 540 N Calvert St

PARENTS.

10-NAME OF FATHER, John H Dright

11-BIRTHPLACE OF FATHER (State or Country), Virginia Worcester Co

12-MAIDEN NAME OF MOTHER Beatrice Downey

13-BIRTHPLACE OF MOTHER (State or Country) North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna L Kahn M.D

(Address) 618 N Calvert St

15- OCT 19 1915. ROBERT . KRAUTER,

Filed ..... 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 13 1915 to Oct 18 1915, that I saw him alive on Oct 18 1915, and that death occurred, on the date stated above, at 12 p.m.

The CAUSE OF DEATH* was as follows: Congenital Debility - malnutrition and Enemona

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Anna L Kahn M. D

Oct 19, 1915 (Address) 618 N Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, OCT. 19 1915

UNDERTAKER Commissioner Health

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 ; PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph's Hospital ST. 9 WARD)

FULL NAME Millard Yonkievitz

(Residence in Baltimore: No. Bush Land (Balto)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	White	Single

6-DATE OF BIRTH, ..., 1857
(Month) (Day) (Year)

7-AGE, 58 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Austria Servia

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) .....

15- OCT 19 1915 ROBERT . KRAUTER,
Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 11, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock - fracture of L. femur & L. shoulder & contusion of head
Accidentally struck by an automobile
(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Sullivan Jr. M. D.
(Coroner.)

Oct. N., 1915 (Address) 1 Pg. M. Sullivan Jr.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

accident - on Bush's Lane

Former or usual residence Bush's Lane

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	OCT 20 1915
20-UNDERTAKER	ADDRESS
Commissioner Health.	

PER WM. F. WOODALL.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C8991 C8991 C8991

×32

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Brady

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1873 (Year)

7-AGE, 42 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard Brady

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Helen Francis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed....., 191.....

HOBART . KRAUTER, Registrar. or

OCT 19 1915

Morgue

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1915, to Oct 1 1915, that I saw h~~im~~ alive on Oct 1 1915, and that death occurred, on the date stated above, at 12.10 P~~M~~m.

The CAUSE OF DEATH* was as follows:

Uraemia Ens Cystitis
and Nephritis

..... (Duration) ....yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) To Pott's Disease with Paralysis (Duration) ....yrs. 3 mos. ....ds.

(Signed) R L Johnson M. D.

Oct. 1..., 1915. (Address) University Hospl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 29 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Bayard Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	OCT. 19. 1915.
20-UNDERTAKER Commissioner Health.	ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88992 × 120 C88992

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Yocinz Prehodich

(Residence in ~~Baltimore~~: No. Sparrow's Point, Md. St.: ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Unknown

6-DATE OF BIRTH. ....., 1..... (Month) (Day) (Year)

7-AGE. Unknown About 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... ?/

9-BIRTHPLACE. (State or Country).

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER (State or Country).

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed OCT 19 1915, 191... ROBERT J. KRAUTER, Registrar of Vital Statistics.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept. 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 29 1915, to Sept. 30 1915, that I saw him alive on Sept 20 1915, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Uraemia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Frank E. Shipley M. D.

Oct 19, 1915. (Address) Md. Gen. Hospl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 hrs. In the State ? yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Sparrow's Point, Md.

19-PLACE OF BURIAL OR REMOVAL. PUBLIC CEMETERY.

DATE OF BURIAL. ....., 191... OCT 19 1915

20-UNDERTAKER Commissioner Health.

ADDRESS

Per. Wm. E. WOODALL

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C88993 C88993

5 120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Regiester ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Basil Mitchell

(Residence in Baltimore: No. 414 N. Regiester St.; ....yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Brickmaker
(b) General nature of industry, business, or establishment in which employed (or employer) Brick Yard

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Simmonville

(Address) 414 N. Regester

15- OCT 19 1915 ROBERT . KRAUTER, Registrar.

Filed ..... 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1915, to Sept 25 1915, that I saw h im alive on Sept 25 1915, and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. C. Burns M. D.

Sept 25 1915 (Address) 2218 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	OCT 19 1915
20-UNDERTAKER	ADDRESS
Per. Wm. E. WOODALL	

Commissioner Health.

C8994 C8994

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 124 Winter St.; 23 WARD)

REGISTERED No. C 77

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Thomas

(Residence in Baltimore: No. St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE Black

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH Unknown, 1 (Month) (Day) (Year)

7-AGE About 5-8. yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Laundress.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Unknown

PARENTS

10-NAME OF FATHER

11-BIRTHPLACE OF FATHER (State or country)

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or country)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie Grayson

(Address) 124 W Winter St.

15. OCT 19 1915 ROBERT . KRAUTER
Filed ..... 19.. Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Oct, 16th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15th, 1915, to Oct 16th, 1915, that I saw h[er] alive on Oct 16, 1915, and that death occurred, on the date stated above, at 4.P m.
The CAUSE OF DEATH* was as follows:

Valvular disease of heart + General dropsy

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Bronchitis.

(Duration) yrs. 2 mos. ds.

(Signed) Francis R. Byrne M. D.

Oct 16, 1915 (Address) 1223 E. Lafayette Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL PUBLIC CEMETERY | DATE OF BURIAL OCT 19 1915, 191..

20-UNDERTAKER Commissioner Health. | ADDRESS

Per Wm E. WOODALL

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6st C88995

1-PLACE OF DEATH Washington Ave, North Ave.
CITY OF BALTIMORE (No. Public School № 99 St. 8 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Cole

(Residence in Baltimore: No. 1800 N Bethel Life St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month) 17th (Day), 1854 (Year)

7-AGE, 61 yrs. 5 mos. 1 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Walter D Crum

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Anna J Carson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L Cobb

(Address) 715 N Patterson Park Ave.

15- OCT 19 1915 ROBERT KRAUTER, Burial Permit Clerk
Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 18th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Elijah L Russell M. D.
(Coroner.)

Oct 18th, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cemetery	Oct 20..., 1915.
20-UNDERTAKER Albert E Fuller	ADDRESS 2211 N Bdway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88996

CERTIFICATE OF DEATH.

151 C88996

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Womans Hospital 14 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME "Baby" Nicholson

(Residence in Baltimore: No. Womans Hospital St.; 0 yrs., 0 mos. 6 hrs.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	S

6-DATE OF BIRTH. Oct (Month) 19 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 6 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Abram Lee Nicholson

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER, Grace Brunker

13-BIRTHPLACE OF MOTHER (State or Country), Nova Scotia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Grace Nicholson
(Address) 2407 McCulloh St

15- OCT 19 1915 ROBERT . KRAUTER
Filed ....., 191.... Special Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1915, to Oct 19 1915, that I saw her alive on Oct 19 1915, and that death occurred, on the date stated above, at 11:25 p.m.

The CAUSE OF DEATH* was as follows:
Premature Birth
(Duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)
(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) A P Thomas M. D.
Oct 19, 1915. (Address) 10 Owen Ave Hd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
Where was disease contracted, if not at place of death?
Former or usual residence Womans Hospital

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL, Oct 20, 1915

20-UNDERTAKER: Chas T. Black — ADDRESS 120 Mulberry St

C88997. C88997.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 515 N Glover ST. 7 WARD) REGISTERED No. C

2-FULL NAME John M Ruley

(Residence in Baltimore: No. 515 N Glover St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Life

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Aug (Month) 15th (Day), 1839 (Year)

7-AGE, 76 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Isaac Ruley

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Woodward

13-BIRTHPLACE OF MOTHER (State or Country). Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Ruley

(Address) 515 N. Glover St

15- Filed OCT 19 1915 ROBERT S. BRADLEY, 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs....mos....ds.

(Signed) Evelyn J. Russell M. D. (Coroner.)

Oct 18th, 1915. (Address) 422 N Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Oct 20 1915

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88993 C88998

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1802 Penrose Ave ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kruse

(Residence in Baltimore: No. 1802 Penrose Ave St.; 42 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 4th, 1857
(Month) (Day) (Year)

7-AGE, 58 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Bookkeeper

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Gerhardt Kruse

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Katherine Hesse

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie M. Kruse

(Address) 1802 Penrose Ave

15- OCT 19 1915 ROBERT KRAUTER

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 18th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to Oct 18 1915, that I saw h.m alive on Oct 15 1915, and that death occurred, on the date stated above, at 1.55 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart.

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) G. H. Preston M. D.

10/18, 191.. (Address) 2418 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Oct. 19, 1915.

20-UNDERTAKER Mr. & Mrs. John H. Teufel — ADDRESS 801 W. Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C68999 C68999

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Byrd ST.; 24 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick H. Flynn

(Residence in Baltimore: No. 1512 Byrd St.; 55 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Nov. 11, 1865 (Month) (Day) (Year)

7-AGE, 49 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Sewer work

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Flynn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos Flynn (Brother)

(Address) 1459 Light St

15- ROBERT . KRAUTER

FILED OCT 19 1915 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 17, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1915, to Oct 19 1915, that I saw h[illegible] alive on Oct 17 1915, and that death occurred, on the date stated above, at 11:20 P. m.

The CAUSE OF DEATH* was as follows:

1. Mitral insufficiency
myocarditis
(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation
(Duration) yrs. mos. 2 ds.

(Signed) Jas A Downey M. D.

Oct 18, 1915. (Address) 102 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Oct. 21 191.5

20-UNDERTAKER P. F. M. D. Flynn

ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

Irene Bundy.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 89000 — C 89000

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. J. H. Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Bundy.

(Residence in Baltimore: No. 238 S Spring St. St.; ...yrs., 4 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black.

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) married

6-DATE OF BIRTH, unknown ..... (Month) ..... (Day) 1890 (Year)

7-AGE, 25 ...yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Va.

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary ?

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15- ROBERT RAUTER

Filed OCT 19 1915 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 15 1915, to October 15 1915, that I saw her alive on October 15 1915, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

1 Haemorrhage

2

3

(Duration) ...yrs. 1½ mos. ...ds.

CONTRIBUTORY (Secondary) Submucous myoma

(Duration) Since ...yrs. ...mos. ...ds.

(Signed) T. Howard M. D.

Oct. 16, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yr. ...mo. 1 da. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 238 S Spring St

19-PLACE OF BURIAL OR REMOVAL, Asbury Crem — DATE OF BURIAL, Oct 20th 1915

20-UNDERTAKER Harry A Vodery — ADDRESS 1725 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89001

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89001

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2300 Chelsea Ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand Petersen

(Residence in Baltimore: No. 2300 Chelsea Ave St.: 15 yrs.? mos.? ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH. July (Month) 23 (Day) 1848 (Year)

7-AGE. 67 yrs. 2 mos. 25 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Merchant

9-BIRTHPLACE. (State or Country). Washington D.C.

PARENTS.

10-NAME OF FATHER. H. M. Petersen

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Anna Klohan

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. H. F. Thomas

(Address) 2300 Chelsea Ave

15-

Filed OCT 20 1915 191.....

HARRY O. ANDREWS, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 18th (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 13th 1915, to October 18th 1915, that I saw him alive on at 1 p.m. Oct. 18th 1915, and that death occurred, on the date stated above, at 5-45 p.m.

The CAUSE OF DEATH* was as follows:

Heart Failure
(Died Suddenly)
Uremia & Chronic (Duration) with Kidney trouble 1 yrs. mos. ds.

CONTRIBUTORY. (Secondary) Ruptured Coronary Artery Died Suddenly with Pneumonia (Duration) yrs. mos. ds.

(Signed) Wilmer Brinton M. D.

Oct. 20th, 1915. (Address) Calvert & Preston Sts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cemetery DA

20-UNDERTAKER Stewart & Moren Co. A

Spec.—8-24-14—M. & T.—2000 Bks.

C89002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C89002

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eli Caplan

(Residence in Baltimore: No. 11 W Cross St St.; ..... yrs., 9 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, January 26, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Abraham Caplan

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ida Rabinowitz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- OCT 20 1915 HARRY O. ANDREWS, Filed....., 191. Burial Permit 0134 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 18 1915, to October 19 1915, that I saw him alive on October 19 1915, and that death occurred, on the date stated above, at 5-21 p m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

..... (Duration).....yrs. 1 mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Gilbert M. Rosenthal M. D.

Oct. 19, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos. 1 ds. In the State .....yrs. 9 mos. 15 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 11 W. Cross St

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Hebrew Mt Carmel	Oct. 20., 1915
20-UNDERTAKER S. Levinson & Bro	ADDRESS 1107 E Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89003 C89003

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3721 Springdale Ave St.: 15 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paolina Schiaffino

(Residence in Baltimore: No. 3721 Springdale Ave St.: 37 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 8th, 1863
(Month) (Day) (Year)

7-AGE, 52 yrs. 1 mos. 10 ds.

If LESS than 1 day. ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Fortunato Mortola

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Amalidio Lubrano

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Giovanni Schiaffino

(Address) 3721 Springdale Ave

15. Filed OCT 20 1915, 191... MARK O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 18th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191..., to 191..., that I saw h alive on 191..., and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) .....M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem — DATE OF BURIAL, 10-21-, 1915

20-UNDERTAKER E & B Hale — ADDRESS 115 E Read St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89004 53X C89004

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David T. Pattishall

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., 2 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, January (Month) 21 (Day), 1880 (Year)

7-AGE, 35 yrs. 9 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Attorney
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Daniel Pattishall

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Georgia Ann Brown

13-BIRTHPLACE OF MOTHER (State or Country), Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-

Filed OCT 20 1915 191.. HENRY C. ANDREWS, Registrar.

HENRY C. ANDREWS, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1915, to October 20 1915, that I saw h.. alive on October 20 1915, and that death occurred, on the date stated above, at 5.25 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobaris

Leukaemia

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Young M. D.

Oct 20, 191.5 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 22 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 721 Hibiscus St West Palm Beach Fla

19-PLACE OF BURIAL OR REMOVAL, West Palm Beach, Fla — DATE OF BURIAL, 10-20, 191.5

20-UNDERTAKER John B. Spence — ADDRESS 1325 N Carolines

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89005 C89005

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. University Hospital St.; WARD) REGISTERED No. C 152

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Boyd.

(Residence in Baltimore: No. Maternity Hospital St.; 0 yrs., 0 mos. 0 ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 10 (Month) 18 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 7 hrs. or 30 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country) Maryland City

PARENTS.

10-NAME OF FATHER. Clarence Holly.

11-BIRTHPLACE OF FATHER (State or Country). — —

12-MAIDEN NAME OF MOTHER. Bessie Boyd.

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- OCT 20 1915 HARRY O. ANDREWS,
Filed....., 191... Special Deputy Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 18 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 10 18 191, to 10-18 191 5, that I saw him alive on 10-18 191 5, and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) P. L. Rush M. D.

10-18, 191 6. (Address) 2 West Hoff

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, Oct. 19..., 1915.
20-UNDERTAKER Commissioner Health	ADDRESS

UNIVERSITY OF MARYLAND

FOR ANATOMICAL PURPOSES.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Pennsylvania St.; 17 WARD)

REGISTERED NO. C 89006

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Brown

(Residence in Baltimore: No. 1125 Pennsylvania St.; 51 yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1864 (Year)

7-AGE, 51 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Hawley

(Address) 1125 Pennsylvania Ave

15- Filed OCT 20 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 17 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1915, to Oct 17 1915, that I saw h-- alive on Oct 17 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Osteosarcoma of Femur

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Chas. F. Chaney M. D.

Oct 18 1915. (Address) 647 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL, OCT 20 1915

20-UNDERTAKER: Chas F Chaney — ADDRESS 578 W Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C29007

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St John's A. M. E. Church St.) 17 WARD)
Registered No. C 79

2-FULL NAME Sarah Brown

(Residence in Baltimore: No. 411 Myrtle Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

42 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. July 15, 1873
(Month) (Day) (Year)

7-AGE. 42 yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto End

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Nellie Taylor

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Brown

(Address) 411 Myrtle ave

16- FILED OCT 20 1915 by MARY E ANDERSON Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 17, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, autopsy or inquiry.)
(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Org. heart disease

(Duration) yrs. mos. ds.

(Signed) J. E. Lyter M. D.

Oct 19 1915 (Address) 2112 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Mt Auburn

DATE OF BURIAL. OCT 20 1915

20-UNDERTAKER Samuel J Hemsley

ADDRESS 57 So Bond

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C89008

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S. Chester St.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Connelly

(Residence in Baltimore: No. 317 S. Chester St.; 33 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1879 (Year)

7-AGE, 36 yrs. 6 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): Mate

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Wm. Connelly

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget Foley

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Connelly

(Address) 317 S. Chester St.

15 OCT 20 1915 MARY O ANDREWS, Registrar.

Filed ....., 19 Burial Permit Clerk.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 18 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 1915, to Oct 18 1915, that I saw h.. alive on Aug 7 1915, and that death occurred, on the date stated above, at 3.40 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) about 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Geo. Keller M. D.

10/19/15, 1915 (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Oct 21, 1915

20-UNDERTAKER John A. Moran

ADDRESS Bank & Aisquith

Spec.—8-24-14—M. & T.—2000 Blks.

C89009

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89009

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3528 Benson ST.: 13 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Darlest R Latham

(Residence in Baltimore: No. 3528 Benson St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 2 (Month) (Day), 1915 (Year)

7-AGE, yrs. 7 mos. 16 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Harry A Latham

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Anna E Crawford

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry A Latham

(Address) 3528 Benson st

15- OCT 20 1915 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1915, to Oct 18 1915, that I saw her alive on Oct 18 1915, and that death occurred, on the date stated above, at 11:50 P.M.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Malnutrition Pending

(Duration) yrs. mos. ds.

(Signed) Isaac Dreelend M. D.

Dec 20 1915 (Address) 846 W 36th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampd. DATE OF BURIAL, Oct 20 1915

20-UNDERTAKER CHENOWETH & SON ADDRESS 361 CHESTNUT Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-11-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89010

92 C89010

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 Oakhill Ave ; 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Cole

(Residence in Baltimore: No. 1914 Oakhill ave ; If less than 1 year, ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, August 22, 1852
(Month) (Day) (Year)

7-AGE, 63 yrs. 1 mos. 27 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundry Work
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic Serv.

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, Geo. H. Cole

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER, Elizabeth Amos

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie Cole

(Address) 1914 Oakhill

15- FILED OCT 20 1915

HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12 1915, to Oct 19 1915, that I saw h[illegible] alive on Oct 18 1915, and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows:

Acute Pleuro-Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) John J. King M. D.

Oct. 19, 1915 (Address) 1425 Eutaw P.L

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death: yrs. ... mos. ... ds. In the State: yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Black Rock Balto Co Md

DATE OF BURIAL, Oct. 21, 1915

20-UNDERTAKER Lou Cook

ADDRESS 502 E North Ave

Spec.—5-19-13—M. & T.—500 Bks.

8 C8901

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8901 79

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 N. Charles ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma V. Foreden

(Residence in Baltimore: No. 2305 N. Charles St.; 70 yrs., mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October (Month) 16 (Day), 1845 (Year)

7-AGE, 70 yrs. 0 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Philip Sherwood

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER, Susanna Bailey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harmer V. Foreden

(Address) 2305 N. Charles St.

15- OCT 20 1915 Filed ..... MARY E. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 30th 1915, to Sept 8th 1915, that I saw h[illegible] alive on Sept 17 1915, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertrophy & Dilatation

(Duration) ....yrs. ....mos. ....ds.

(Signed) Robert [illegible] M. D.

Sept 19, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Sept 21, 1915

20-UNDERTAKER Lou Cook ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

C89013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C89012

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3041 Fremont Ave St.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Jettau (Eatau)

(Residence in Baltimore: No. 3041 Fremont Ave St.: 1 yrs., — mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	single

6-DATE OF BIRTH, ... Sept (Month) 24 (Day), 1914 (Year)

7-AGE, 1 yrs. — mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Christian Jettau

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Carrie Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christian Jettau

(Address) 3041 Fremont Ave

15-

Filed OCT 20 1915, 191.... HENRY O. ANDREWS, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1915, to Oct 17 1915, that I saw h[illegible] alive on Oct 18 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis

..... (Duration).....yrs. 2 mos. 1? ds.

CONTRIBUTORY (Secondary) .....

..... (Duration).....yrs.....mos.....ds.

(Signed) Wm. L. Tu[illegible] Dr. M. D.

10-20, 1915. (Address) Fremont & Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Oct. 21, 1915.

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

(PLACE OF DEATH) Locust 4 — REGISTERED No. C 69813

CITY OF BALTIMORE (No. 1617 W. Fayette St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Margaret Cunningham

(Residence in Baltimore: No. 1617 W. Fayette St.: 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: May — , 1846 (Month) (Day) (Year)

7-AGE: 69 yrs. 5 mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Steven Hughes

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Robert W. Beach

(Address) 1804 W. Fayette St.

OCT 20 1915 Filed ....., 191.... MARY C. ANDREWS, Burial Permit Clerk. REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct 19, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915, to Oct 19, 1915, that I saw h[illegible] alive on Oct 19, 1915, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

Clinical Diagnosis

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Infirmities of old age,

(Duration) yrs. mos. ds.

(Signed) E. Olora Murray M. D.

Oct 20, 1915 (Address) 1221 W. Lafayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Oct 22, 1915

20-UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 West Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89014 — 64 — C89014

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Mc Elderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Mühlhausen

(Residence in Baltimore: No. 1926 Mc Elderry St.; 52 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. 1st, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 2 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon Keeper

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, John Mühlhausen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Ernst J. Lauz

(Address) 1926 Mc Elderry

15- OCT 20 1915 ROBERT . KRAUER, Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 18, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 6 1915, to Oct. 1915, that I saw h him alive on Oct. 17 1915, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 2.

(Duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) yrs. — mos. 3 ds.

(Signed) William J. Roark M. D.

10, 20, 1915. (Address) 2618 Eastwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto Cem. DATE OF BURIAL, Oct. 21, 1915

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89015

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89015

31 REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 E.Hamburg st. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda O.Kiesewetter

(Residence in Baltimore: No. 218 E.Hamburg st. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Sept. 1/1862 (Month) (Day), 1 (Year)

7-AGE: 53 yrs. 1 mos. 18 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Frederick Zimmerman

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lula M.Kiesewetter

(Address) 218 E.Hamburg st.

15- Filed OCT 20 1915 ROBERT J. KRAUTER, Chief Clerk and Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. 19/15. (Month) (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18/15, 191, to, Oct.19/15 191, that I saw her alive on Oct.19/15 191, and that death occurred, on the date stated above, at 9/45 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Tuberculosis.

(Duration) yrs. 4 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Henry Wade Smith M. D.

Oct.20/15 191 [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: LOUDON PARK. DATE OF BURIAL: OCT 22 1915

20-UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 715 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C89016

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C89016

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 312 E. Hamburg ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Irving A. Lowe

(Residence in Baltimore: No. 312 E. Hamburg St.: yrs. 5 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May 12th, 1915 (Month) (Day) (Year)

7 AGE: ..... yrs. 5 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Geo. F. Lowe

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Olivia D. Hopwell

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Olivia D. Lowe (Mother)
(Address) 312 E. Hamburg

15 Filed OCT 20 1915, by ROBERT . BRAUER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 20th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from October 17th, 1915 to Oct 20th 1915, that I saw h[illegible] alive on Oct 19th 1915, and that death occurred, on the date stated above, at 1.25A m.

The CAUSE OF DEATH* was as follows:

Colitis + Marasmus

(Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY) Asthenia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. J. Carrick, M. D.

Oct 20, 1915. (Address) 1417 Mc Culloh

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: CEDAR HILL. DATE OF BURIAL: OCT 21 1915

20 UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 15 Light

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C89017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89017

REGISTERED No. C 29

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 241 N. Amity St. ST.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Elizabeth Wilson

(Residence in Baltimore: No. 241 N. Amity St. St.: Since yrs. 7 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Aug. 4 (Month) — (Day) —, 1862 (Year)

7 AGE: 53 yrs. 2 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Wk
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9 BIRTHPLACE (State or country): Essex Co. Va.

PARENTS

10 NAME OF FATHER: Albert Vouges

11 BIRTHPLACE OF FATHER (State or country): Essex Co. Va.

12 MAIDEN NAME OF MOTHER: Robinson (Lucinda)

13 BIRTHPLACE OF MOTHER (State or country): Essex Co. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ollie V. Wilson

(Address) 241 N. Amity St

15 Filed OCT 20 1915 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 18 (Day) —, 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 10 —, 1915, to Oct 18 — 1915, that I saw her alive on Oct 17 — 1915, and that death occurred, on the date stated above, at 2.40 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Valvular disease of heart

(Duration) ..... yrs. ..... mos. ..... ds unknown

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. McLennick Wilson M.D.

OCT 19 1915 (Address) 1611 EUTAW PLACE, BALTIMORE, MD.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Oct 21, 1915

20 UNDERTAKER: John H Joachim — ADDRESS: 142 Hall St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C89018 80 C89018

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3667 Old Fort Road St. 9 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael F Tooner

(Residence in Baltimore: No. 3667 Old Fort Road St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. 28th, 1854
(Month) (Day) (Year)

7-AGE, 60 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Pres. Jones Hollow Ware Co.

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.
10-NAME OF FATHER, Joshua Tooner
11-BIRTHPLACE OF FATHER (State or Country), Ireland
12-MAIDEN NAME OF MOTHER Eliza Scott
13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sara A Katzenberger
(Address) 1055 N. Milton Ave.

15- Filed OCT 20 1915, 191.. ROBERT . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 19th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilation
(Duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin Poynter M. D.
(Coroner)
Oct. 20th, 1915. (Address) 1156 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount Cem.	Oct. 22, 1915
20-UNDERTAKER	ADDRESS
H. W. Mears & Son.	805 N. Calvert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89019

CERTIFICATE OF DEATH.

C89019

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Fremont Ave. ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Pittman

(Residence in Baltimore: No. 125 N. Fremont Ave. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Nov. 18, 1848
(Month) (Day) (Year)

7-AGE, 66 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), U. S.

PARENTS.

10-NAME OF FATHER, Samuel Holland

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie L. Thompson

(Address) 127 N. Fremont Ave.

15- OCT 20 1915 SUBJECT TO APPROVAL OF THE BUREAU OF VITAL STATISTICS
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 20, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20, 1915, to Oct. 20, 1915, that I saw her alive on Oct 16 1915, and that death occurred, on the date stated above, at 4.40 p.m.

The CAUSE OF DEATH* was as follows:

Chronic tabulon heart disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Paralysis of bowels

(Duration) ..... yrs. ..... mos. 1 d. ds.

(Signed) Henry H. Wentzoff M. D.

Oct 20, 1915. (Address) 724 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	Oct 23, 1915.

20-UNDERTAKER	ADDRESS
Mrs Ann Jno W Tenfel	01 W. Fayette

N.B.—Any item of information should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89020 — C89020

79 — REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 820 E. Preston St. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Mary E. Littatitle (Hilldibille)

(Residence in Baltimore: No. 820 E. Preston St St.: 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED? (Write the word)
Female	White	Widowed

6 DATE OF BIRTH March 27, 1836 (Month) (Day) (Year)

7 AGE 79 yrs. 6 mos. 27 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Carroll Co. Maryland

PARENTS

10 NAME OF FATHER Jacob Miller

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Routson

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Addie L. Little

(Address) 820 E. Preston St

15 OCT 20 1915 Filed ..... 191 — ROBERT . KRAUTER Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 19, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1915, to Oct 19 1915, that I saw h[illegible] alive on Oct 19, 1915, and that death occurred, on the date stated above, at 10A. m.
The CAUSE OF DEATH* was as follows:

Chronic Calculus Heart Lesion
not specified heart
Exhaustion (Duration) yrs. 5 mos. 19 ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) W. E. Routson M. D.

Oct 20, 1915 (Address) 836 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Cumberland Md — DATE OF BURIAL Oct 21, 1915

20 UNDERTAKER W Maurice Routson — ADDRESS 230 N Green

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89021 151 C89021

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1002 Merryman Av ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Duncan B. Keller

(Residence in Baltimore: No. 1002 Merryman St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE (Write the word): Single

6-DATE OF BIRTH: Oct (Month) 20 (Day) 1915 (Year)

7-AGE: ..... yrs. ..... mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Worker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: John Owen Keller

11-BIRTHPLACE OF FATHER (State or country): Balto Co Md

12-MAIDEN NAME OF MOTHER: Clara H. Butler

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Keller

(Address) 1002 Merryman

15 OCT 20 1915 Filed ..... 191 ..... ROBERT J. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 20 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1915, to Oct 20 1915, that I saw him alive on Oct 20 1915, and that death occurred, on the date stated above, at 3.30 P.m.

The CAUSE OF DEATH* was as follows:

Inanition

..... (Duration) ..... yrs. ..... mos. 16 ds.

Contributory (SECONDARY) Smooth Adenoma of Prostation

..... (Duration) ..... yrs. ..... mos. 16 ds.

(Signed) A. Shelly M. D.

Oct 20 1915 [Address] 3 Stony Rolands

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yr. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Mary's Hampden — DATE OF BURIAL: Oct 21 1915

20-UNDERTAKER: Horace Burgue Son — ADDRESS: 3691 Falls Rd

Spec.—8-24-14—M. & T.—2000 Bks.

C89022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89022

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 873 N Fremont St.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Rebecca Bridder

(Residence in Baltimore: No. 873 N Fremont St.; 38 yrs., 10 mos. 22 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH Nov 27, 1876 (Month) (Day) (Year)

7-AGE. 38 yrs. 10 mos. 22 da. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Wm H Bridder

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Rebecca Richardson

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mayer Bridder

(Address) 873 N Fremont

15- Filed OCT 21 1915, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 19 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1913, to Oct 19 1915, that I saw h[illegible] alive on Oct 19 1915, and that death occurred, on the date stated above, at 6 [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Cardiac Hemorrhage

(Duration) yrs. mos. da.

(Signed) [illegible] M. D.

Oct 21, 1915 (Address) 2013 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL, Oct 21, 1915

20-UNDERTAKER Wm J Thomson & Son | ADDRESS North Ave

Dr Thomson 2013 Bank Ox

Spec.—8-24-14—M. & T.—2000 Bks.

689023

HEALTH DEPARTMENT—CITY OF BALTIMORE

689023

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N Ann ST.; 6 WARD)

REGISTERED No. C 89

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charllotte Davis

(Residence in Baltimore: No. 219 N. Ann St.)

Supposed Lifetime (yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1827 (Year)

7-AGE, 87 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Russiger green Garner

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Brown

(Address) 219 N Ann St

15-OCT 21 1915 HENRY O. ANDREWS,
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 1915, to Oct 19 1915, that I saw h[er] alive on Oct 18 1915, and that death occurred, on the date stated above, at 1[10] A m.

The CAUSE OF DEATH* was as follows:

...Acute Bronchitis

(Duration) ...yrs. ...mos. 3 ...ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ...yrs. ...mos. 1 ...ds.

(Signed) Adolph C. Eisenhart M. D.

Oct 19, 1915. (Address) 220 N. Arlington Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery — DATE OF BURIAL, Oct. 21, 1915

20-UNDERTAKER Robert A. Elliott — ADDRESS 501 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89024 C89024

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 Ramsay St.; 21 WARD) REGISTERED No. C 2178

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Tuentine

(Residence in Baltimore: No. 734 Ramsay St. St.; 40 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec (Month) 2nd (Day) 1875 (Year)

7-AGE, 39 yrs. 10 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Tuentine

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Virginia Clark

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno W. Tuentine

(Address) 734 W. Tuentine

15- Filed OCT 21 1915, 191... MARY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-14 1915, to 10-21 1915, that I saw him alive on Oct 21 1915, and that death occurred, on the date stated above, at 1.40 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Unknown

CONTRIBUTORY (Secondary) Chron. Nephritis

(Duration) Unknown

(Signed) Chas. C. Carter M. D.

10-21, 1915. (Address) 1101 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dan Kirkwood Mem. DATE OF BURIAL, Oct 22, 1915.

20-UNDERTAKER Wm M. Tuentine ADDRESS 624 Bond St E.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C89025

HEALTH DEPARTMENT—CITY OF BALTIMORE

154 C89025

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 176 N Bond St. 6 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John A McCullough

(Residence in Baltimore: No. 176 N Bond St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~ (Write the word): Widower

6 DATE OF BIRTH: (Month) Feb (Day) 2nd (Year) 1831

7 AGE: 84 yrs. 7 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Martha Miller

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David McCullough

(Address) 124 N. Bond St

15. OCT 21 1915 191 MARY C. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 20th (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10th, 191 5 to Oct 20th 191 5, that I saw h[illegible] alive on Oct 20th 191 5, and that death occurred, on the date stated above, at 11 10 a m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) [illegible] ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Oct. 23 191 5

20 UNDERTAKER: McLean & Jones ADDRESS: 833 Lanvale Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89026

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89026

1 PLACE OF DEATH — REGISTERED No. C 94

CITY OF BALTIMORE (No. 750 N. Eutaw st ST. 11 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catherine E McClain

(Residence in Baltimore: No. 750 N Eutaw St. 22 yrs. 1 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	widow

6 DATE OF BIRTH Aug. 31, 1829 (Month) (Day) (Year)

7 AGE 86 yrs. 1 mos. 20 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Penna.

PARENTS

10 NAME OF FATHER John Dreybuger

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Ellinor Rogers

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susie McClain

(Address) 750 N. Eutaw St

15 Filed OCT 21 1915, 191 HENRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1915, to Oct 20, 1915, that I saw h[er] alive on Oct 20, 1915, and that death occurred on the date stated above, at 10 m.
The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 15 ds

Contributory (SECONDARY) Senility.

(Duration) yrs. mos. ds.

(Signed) George L Imane M. D.

Oct 21, 1915 (Address) 721 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Gettysburg Pa. — DATE OF BURIAL Oct 23, 1915

20 UNDERTAKER Chas. E. Franck — ADDRESS 802 Madison Ave

See Birth Certificate of Baby Parsons,

Born July 14th. 1915 B-15326

C8902 151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 518 Gold street, St. 14 WARD)

REGISTERED No. C 8902

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Parson,

(Residence in Baltimore: No. 518 Gold street, St.; yrs., mos. ds.)

N. B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single,

6-DATE OF BIRTH: July ? ?, 1915.
(Month) (Day) (Year)

7-AGE: 0 yrs. 3 mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Unknown,

11-BIRTHPLACE OF FATHER (State or Country): Unknown,

12-MAIDEN NAME OF MOTHER: Ida Parson,

13-BIRTHPLACE OF MOTHER (State or Country): Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Iula Blackwell, friend,

(Address) 518 Gold street.

15-OCT 21 1915 MARY O. ANDREWS,
Filed....., 191..... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 19th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital asthenia,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Artificial feeding,

(Duration) yrs. mos. ds.

(Signed) J. Frederick Dunpek M. D.
(Coroner)

Oct. 20, 1915 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	OCT 21 1915
20-UNDERTAKER	ADDRESS
Commissioner Health.	

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89028

REGISTERED No. C 89028 — 91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 716 School St. 14 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Conyer

(Residence in Baltimore: No. 716 School St.; yrs. 2 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug (Month) 17 (Day), 1915 (Year)

7-AGE: ..... yrs. 2 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Herman Reed

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Bertha Conyer

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bertha Conyer

(Address) 716 School St

15- OCT 21 1915 Filed ..... Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1915, to Oct-20, 1915, that I saw h[illegible] alive on Oct-20, 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) asphyxia (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) T E Daugherty M. D.

Oct-20, 1915 (Address) 1662 Bruna ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Oct 21, 1915

20-UNDERTAKER: James H Dennis — ADDRESS: 1303 Bressten

Spec.—8-24-14—M. & T.—2000 Bks.

C89029

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C89029

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 2433 Eutaw ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Terry

(Residence in Baltimore: No. 2433 Eutaw St.; 11 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. August 31, 1893 (Month) (Day) (Year)

7-AGE, 22 yrs. 1 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). West River Md

PARENTS.

10-NAME OF FATHER. Thomas John Murray

11-BIRTHPLACE OF FATHER (State or Country). West River Md

12-MAIDEN NAME OF MOTHER. Sarah Elizabeth Matthews

13-BIRTHPLACE OF MOTHER (State or Country). West River Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas J. Murray

(Address) 2433 Eutaw St.

15- OCT 21 1915 HENRY G ANDREWS, Filed, 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 20, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14 1915, to Oct 20 1915, that I saw her alive on Oct 18 1915, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm N. Magruder M. D.

Oct 20, 1915. (Address) 1209 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Chalk Point Md. | DATE OF BURIAL, Oct 22, 1915.

20-UNDERTAKER James H. Dennis | ADDRESS 1313 Division

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89030 C89030

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2755 Rayner Ave St.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley Taylor

(Residence in Baltimore: No. 2755 Rayner Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Apr (Month) 16 (Day), 1914 (Year)

7-AGE, 1 yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER, Millard Atkins Taylor

11-BIRTHPLACE OF FATHER (State or Country), Cecilton, Md.

12-MAIDEN NAME OF MOTHER, Eva Irene Dietz

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Millard Atkins Taylor

(Address) 2755 Rayner ave

15- Filed OCT 21 1915, 191.... RAMEY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1915, to Oct 20 1915, that I saw him alive on Oct 20 1915, and that death occurred, on the date stated above, at 8.30 A.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Marked Debility

(Duration) yrs. mos. 4 ds.

(Signed) John W. Graham M. D.

Oct 21, 1915. (Address) 1100 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cecilton Md — DATE OF BURIAL, Oct 22, 1915

20-UNDERTAKER Jos. Weber & Son — ADDRESS 2503 Edmondson

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89031

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89031

CERTIFICATE OF DEATH.

37

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 George ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl Baltimore

(Residence in Baltimore: No. 614 George St.; 24 yrs., 7 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1891 (Year)

7-AGE, 24 yrs. ... mon. ... da.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mill
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, George Baltimore

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Josphine Denby

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josphine Dixson

(Address) 614 George St

15 OCT 21 1915. HARRY O. ANDREWS, Registrar.

Filed ....., 191... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 14 (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 16 1915, to Oct 14th 1915, that I saw h[illegible] alive on Oct 14 1915, and that death occurred, on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH* was as follows:

Syphilis

(Duration) 7 yrs. 1 mos. ? ds.

CONTRIBUTORY (Secondary) Syphilitic stricture

[illegible] (Duration) ... yrs. 2 mos. 1 ds.

(Signed) J. E. Shipley M. D.

Oct. 14th, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Oct 21, 191...

20-UNDERTAKER John H. Toadvine ADDRESS 142 W. Pratt St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89032 119 C89032

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 N. Chester ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Eberle

(Residence in Baltimore: No. 1916 N. Chester St.; 1 yrs., 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 3rd, 191X (Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frank J. Eberle

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Frances A. Osborne

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 1916 N Chester St

15- Filed OCT 21 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, OCT 20, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Oct 20 1915, that I saw her alive on Oct 20 1915, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) 1 yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary) Eczema

(Duration) 1 yrs. 1 mos. 20 ds.

(Signed) A. H. Parker M. D.

Oct 20, 1915. (Address) 928 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Oct 21, 1915
20-UNDERTAKER	ADDRESS
Henry Kracke & Son	1301 E. Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89033 C89033

CERTIFICATE OF DEATH.

98

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 N. Washington St.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary B. Arndt.

(Residence in Baltimore: No. 1310 N. Washington St; 48 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. 26, 1842
(Month) (Day) (Year)

7-AGE, 72 yrs. 9 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Carl Herbrich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Alexander Arndt

(Address) 1310 N. Washington St

OCT 21 1915 CLERK'S ADDRESS,
Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 20th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8th 1915, to Oct 20 1915, that I saw her alive on Oct 20th 1915, and that death occurred, on the date stated above, at 6:50 p.m.

The CAUSE OF DEATH* was as follows:
Interstitial Pneumonia

..... (Duration)..yrs..6..mos.....ds.

CONTRIBUTORY (Secondary) Hypostatic

..... (Duration)..yrs.....mos..1..ds.

(Signed) Geo. F. Taylor M. D.

Oct. 20., 1915. (Address) 1254 W. Baltimore.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Oct. 23rd, 1915.

20-UNDERTAKER Henry Hoech Son

ADDRESS 131 E Eager St

C89031

HEALTH DEPARTMENT—CITY OF BALTIMORE

175

CERTIFICATE OF DEATH.

C89031

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 636 Franklin street, ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Washington Parker,

(Residence in Baltimore: No. 636 Franklin street, St. 17 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, ... April (Month) 1st (Day), 1841. (Year)

7-AGE, 74 yrs. 6 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Superintendent Society for the
(b) General nature of industry, business, or establishment in which employed (or employer) ..... prevention of cruelty and immorality of children,

9-BIRTHPLACE. (State or Country), Maine,

PARENTS.

10-NAME OF FATHER, George Parker,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER May J. Philbrick,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adreon Hughes, friend,

(Address) 223 St. Paul street.

15- OCT 21 1915 HENRY O. ANDREWS Burial Permit Clerk.

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... October (Month) 20th, (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock and probable internal injuries caused by being struck by a street car, (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) ..... (Duration) yrs. mos. ds.

(Signed) J. Frederick Rempel M. D. (Coroner.)

Oct. 20, 191. 5 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery. DATE OF BURIAL, Oct. 23rd, 1915.

UNDERTAKER Henry W. Jenkins & Sons Co. ADDRESS S. Fulton & Orchard Sts.

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89035 C89035

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Womans Hospital—City

CITY OF BALTIMORE: (No. Johns Hopkins ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie S. Ford

(Residence in Baltimore: No. Womans Hospital St.; ... yrs. ... mos. 1 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH: Dec 7 (Month) 7 (Day), 1881 (Year)

7-AGE: 34 yrs. 10 mos. 14 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Perryman - Harford Co - Md

PARENTS.

10-NAME OF FATHER: William Malcom

11-BIRTHPLACE OF FATHER (State or Country): Perryman - H. Co -

12-MAIDEN NAME OF MOTHER: Frances Johnson

13-BIRTHPLACE OF MOTHER (State or Country): Perryman - H. Co -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. F. Webster

(Address) 14 Womans Hospital - Johns Hopkins

Oct 21 1915 [illegible] Burial Permit Clerk.

Filed Oct 21, 1915

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 21 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 20 1915, to Oct 21 1915, that I saw h.er alive on Oct 21 1915, and that death occurred, on the date stated above, at 8.05a.m.

The CAUSE OF DEATH* was as follows:

Acute tympanitis

Insufficiency (Post Operative Shock) (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Obstruction (Hysterectomy)

Acute Pelvic Inflammatory ... (Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

..., 191... (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 21 ds. | In the State 34 yrs. 10 mos. 14 ds.

Where was disease contracted, if not at place of death? Perryman 2 Md

Former or usual residence Perryman Md

19-PLACE OF BURIAL OR REMOVAL: Perryman Md | DATE OF BURIAL: Oct 21, 1915

20-UNDERTAKER: G Osborn & Sons | ADDRESS: Perryman

Md

Spec.—5-19-13—M. & T.—500 Blks.

C89036 C89036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 E. Paca ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Grace Chaney

(Residence in Baltimore: No. 1224 E. Paca St. St.) Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 4, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 2 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto. Maryland.

PARENTS.

10-NAME OF FATHER, Harry C. Chaney

11-BIRTHPLACE OF FATHER (State or Country) Martinsburg W. Va

12-MAIDEN NAME OF MOTHER Grace Linder

13-BIRTHPLACE OF MOTHER (State or Country) Tiffin Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry E. Chaney

(Address) 1224 E. Paca St.

15- Filed OCT 21 1915 HENRY O. ANDREWS, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 1915, to Oct 19 1915, that I saw h[illegible] alive on Oct 19 1915, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Pertussis or
Whooping Cough

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) J. M. Delaney M. D.

Oct 20, 1915. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, Oct 22, 1915

20-UNDERTAKER Harry W. Witzke ADDRESS 1531 W. Lombard St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Fannie Manko

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

C89037

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1125 Laurens street, ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Fannie Manko, (Fannie Manko)

(Residence in Baltimore: No. 1125 Laurens street, St.: yrs., 23 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed,

6-DATE OF BIRTH, October (Month) 11th (Day), 1851 (Year).

7-AGE, 63 yrs. 0 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Marum Stern,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER, Caroline Weil,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Regina Stern, sister-in-law

(Address) 1113 Laurens street.

15 OCT 21 1915 MARY O. ANDREWS,
Filed ..... 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 20th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage-probably due to Interstitial nephritis,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Hempel (Coroner) M. D.

Oct. 20 1915 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Balt. Hebrew	Oct 22, 1915
20-UNDERTAKER	ADDRESS
David Tonedhein	118 N. Howard St.

Spec.—8-24-14—M. & T.—2000 Bks. Babia Baranowiski

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89038 91 C89038

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Bank~~ 827 Bond ST.; 2 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Babia Baranowiski

(Residence in Baltimore: No. 827 S. Ann St.; 7 yrs., 11 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. ..... Nov. (Month) 13 (Day), 1914 (Year)

7-AGE, ... yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Alexander Baranowski

11-BIRTHPLACE OF FATHER (State or Country). Poland Russia

12-MAIDEN NAME OF MOTHER Anna Gutowski

13-BIRTHPLACE OF MOTHER (State or Country). Poland Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Baranowski,

(Address) 827 S. Ann St.

15 OCT 21 1915 ROBERT J. KRAUTER,
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... October (Month) 20 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 1915, to Oct 20 1915, that I saw h[er] alive on Oct 20 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

..... Broncho Pneumonia .....

..... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Ulcerated Tonsils

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) Thos. A. Dolbey M. D.

10/20, 1915. (Address) 422 S. Ann

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
St Stanislaus	Oct 21, 1915
20-UNDERTAKER	ADDRESS
M. F. Sakowski	425 S. Ann

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89039 28 C89039

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Sarratoga W. ST.; 4 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mattie Williams

(Residence in Baltimore: No. 522 W. Saratoga St.; yrs., 2 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, unknown (Month) (Day), 1891 (Year)

7-AGE, 24 yrs. mos. ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Servant
(b) General nature of industry, business, or establishment in which employed (or employer). Housework

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Chas Pointdexter

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clayton nee Williams

(Address) 522 Saratoga

15- Filed OCT 21 1915 191... ROBERT . KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1911, to 10 20 1915, that I saw h[illegible] alive on 10. 4. 1915, and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lungs

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) 2 yrs. 1 mos. ds.

(Signed) L. L. Lloyd M. D.

10.21., 1915. (Address) 6 D. Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2)—whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Va

DATE OF BURIAL, Oct 23, 1915

20-UNDERTAKER John Howard

ADDRESS 1222 Division St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89040

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

C89040

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 111 W. Franklin St. 18 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George H. Evans

(Residence in Baltimore: No. 1111 W. Franklin St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec 25, 1837 (Month) (Day) (Year)

7 AGE: 77 yrs. 10 mos. 6 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired (Clerk)
(b) General nature of industry, business, or establishment in which employed (or employer): B & O. R. R.

9 BIRTHPLACE (State or country): Md Balto.

PARENTS

10 NAME OF FATHER: Joshua Evans

11 BIRTHPLACE OF FATHER (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Zimmerman

13 BIRTHPLACE OF MOTHER (State or country): Balto Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Leannah Evans

(Address) 1111 W. Franklin St

15 Filed OCT 21 1915, 191 ROBERT . KRAUTH Burial Permit [illegible]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 19, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1915, to Oct 19 1915 that I saw h[illegible] alive on Oct 19, 1915 and that death occurred, on the date stated above, at 12- m.

The CAUSE OF DEATH* was as follows:

Chronic Prostatitis

(Duration) yrs. mos. ds

Contributory (SECONDARY) Septic Cystitis & Renal Suppuration (Duration) yrs. mos. 10 ds.

(Signed) E. Olin Murray M. D.

Oct 19, 1915 (Address) 1221 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral. DATE OF BURIAL: 10-22, 1915

20 UNDERTAKER: Henry C Bramming & Son ADDRESS 517 N Schroeder St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89044

167 C89044

REGISTERED NO. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1841 E. Lombard St., 19 Ward)

2-FULL NAME Mary Elizabeth Heim

(Residence in Baltimore: No. 1841 E Lombard St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

from birth

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Aug. (Month) 30 (Day) 1912 (Year)

7-AGE: 3 yrs. 1 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto, Md.

PARENTS.

10-NAME OF FATHER: Harry Heim

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Annie Brooks

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Heim

(Address) 1741 E. Lombard

15-Filed OCT 21 1915 191.. DEPT. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH October (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Accidental Burns
(fell into a tub of hot water)
(Duration) ....yrs....mos....1....ds.

CONTRIBUTORY (Secondary) Convulsions
(Duration) ....yrs....mos....ds.

(Signed) Wm. H. Sandger M. D.
(Coroner.)
Oct 20, 1915. (Address) 1729 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Trinity Cem — DATE OF BURIAL: Oct. 22, 1915

20-UNDERTAKER: Jos. J. Herr 1914 E. Fayette — ADDRESS

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89042 × 43 C89042

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.) 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Flaherty

(Residence in Baltimore: No. St Josephs Hospital St.; ....yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Married

6-DATE OF BIRTH, Unknown ....., 1867.
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
48 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... housework .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Leo. Hays

11-BIRTHPLACE OF FATHER (State or Country) Cumberland Md

12-MAIDEN NAME OF MOTHER Hays D. Logan

13-BIRTHPLACE OF MOTHER (State or Country), Cumberland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Hays

(Address) Cumberland Md

15- OCT 21 1915 ROBERT KRAUTER Registrar.

Filed ....., 191....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH October 20, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1915, to October 20 1915, that I saw her alive on October 19 1915, and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows:

Scirrhus Carcinoma Left breast Glandular Diagnosis

about 4 (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

(Signed) J. M. Vinton Clift M. D.

Oct. 20, 1915 (Address) St. Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Hamilton, Md.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Catholic Cem	Oct 22, 1915.

20-UNDERTAKER Jos. Fahey Sons ADDRESS 811 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89043 C89043

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N. Gilmor ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William P. McGarity

(Residence in Baltimore: No. 520 N Gilmor St St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Dec 3, 1886. (Month) (Day) (Year)

7-AGE, 28 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): St Railway

9-BIRTHPLACE, (State or Country). U.S. (Balto Md)

PARENTS.

10-NAME OF FATHER. Patrick McGarity

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Ellen McCahan

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Mc Garity

(Address) 520 N. Gilmore St

15- Filed OCT 21 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 20, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1914, to Oct 20 1915, that I saw h-- alive on Oct 19 1915, and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anal Tuberculosis

(Duration) yrs. mos. 3 ds.

(Signed) E. McCahan M. D.

Oct 21, 1915. (Address) 24 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, 10-23, 1915

20-UNDERTAKER H. C. Brumingdorf Son — ADDRESS 817 N. Schroeder St

Spec.—8-24-14—M. & T.—2000 Blks.

C89044 C89044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S. Wolfe ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen Grabowski

(Residence in Baltimore: No. 126 S. Wolfe St ST.; 2 yrs., 2 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. (Month) 14 (Day), 1913 (Year)

7-AGE, 2 yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Chas.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stephen Grabowski

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Bonislawa Grabowski

13-BIRTHPLACE OF MOTHER (State or Country), Buffalo NY

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. Grabowski

(Address) 126 S Wolfe

15- OCT 21 1915 ROBERT . KRAUTER, Registrar.

Filed....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1915, to Oct 21 1915, that I saw h[illegible] alive on Oct 21 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Whelan M. D.

Oct 21, 1915 (Address) 16 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Oct 24, 1915

UNDERTAKER, William Frankowski — ADDRESS, 611 Eastern Ave.

9 a.m.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

102

C89045

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hosp St.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph Illevitch

(Residence in Baltimore: No. 810 E. Baltimore St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct — , 1884
(Month) (Day) (Year)

7 AGE: 31 yrs. — mos. — ds.
If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant

9 BIRTHPLACE (State or country): Hungary

PARENTS

10 NAME OF FATHER: Unkon

11 BIRTHPLACE OF FATHER (State or country): Hungary

12 MAIDEN NAME OF MOTHER: Unkon

13 BIRTHPLACE OF MOTHER (State or country): Hungary

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J Levis
(Address) 1419 E Balto St

15 Filed OCT 21 1915, 191 ROBERT . KRAUTER, Special Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 21, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1915, to Oct 21 1915, that I saw h[illegible] alive on Oct 21, 1915, and that death occurred, on the date stated above, at 12.50 P m.

The CAUSE OF DEATH* was as follows:

Perforated gastric ulcer

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY): Post Operative Hemorrhage

(Duration) yrs. mos. 1 day

(Signed) S. Silberman M. D.

Oct 21, 1915 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 1 ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Hebrew Hospital

Former or usual residence: 810 E Baltimore St

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: 10/22/1915

20 UNDERTAKER: Jack Levis

ADDRESS: 1419 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

S 89045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109 C89045

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 S. Bethel ST.; V WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Miros

(Residence in Baltimore: No. 617 S Bethel St.; yrs. mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Oct. (Month) 17 (Day), 1915 (Year)

7-AGE. yrs. mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Stanislaus Miros

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Bronislawa Franckwicz

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Miros

(Address) 617 S. Bethel

15-

Filed OCT 22 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17th 1915, to Oct 21 1915, that I saw her alive on Oct. 21st 1915, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Congenital anus

(Duration) yrs. mos. ds.

(Signed) Wlad. A. Siemkiewicz M. D.

Oct 21, 1915. (Address) 221 S. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 4 ds. In the State yrs. mos. 4 ds.

Where was disease contracted, if not at place of death? 617 S. Bethel

Former or usual residence same

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Oct 22 1915

20-UNDERTAKER, William Grajowski — ADDRESS 1618 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89047 C89047

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1133 Riverside Ave ST.) 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Elmer Thomas

(Residence in Baltimore: No. 1133 Riverside Ave St.; yrs. 9 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, ... Jan. 8, 1906
(Month) (Day) (Year)

7-AGE, ... yrs. 9 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City Maryland

PARENTS.

10-NAME OF FATHER, Elmer Thomas

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Katherine Emma

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Thomas

(Address) 1133 Riverside Ave

15- Filed OCT 22 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Oct 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 1915, to Oct 21 1915, that I saw him alive on Oct 21 1915 and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(b)

(c)

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) C. F. Bastian M. D.

Oct 22, 1915. (Address) 301 E Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Oct 23, 1915

20-UNDERTAKER, Mrs E. Evans & Sons ADDRESS 1424 Shake St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH ONFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C89043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C89043

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2145 S. Bethel St ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Willis

(Residence in Baltimore: No. 2145 Bethel St.; ...yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: September, 18, 1887 (Month) (Day) (Year)

7-AGE: 28 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Harrison Jackson

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Lizzie Thompson

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harrison Jackson

(Address) 2145 Bethel St

15- Filed OCT 22 1915, 191... HARRY O ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 19, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1915, to October 19 1915, that I saw h[illegible] alive on October 19 1915, and that death occurred, on the date stated above, at 6.15 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary): Heart Degeneration

(Duration) yrs. 1 mos. — ds.

(Signed) Richard J. Eastlinger M. D.

October 19 1915. (Address) 15 14 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL, Oct 2[illegible] 1915

20-UNDERTAKER: John W Henderson — ADDRESS 31 N Caroline

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89049 C89049

CERTIFICATE OF DEATH. 170

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Penna Av ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Oliver

(Residence in Baltimore: No. 1106 Penna Av St.; 1 yrs., 10 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, (Month) (Day) (Year) 1862

7-AGE, 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Oliver jr

(Address) 1106 Penna ave

15 OCT 22 1915 HARRY O. ANDREWS,

Filed ....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1915, to Oct 20 1915, that I saw h m alive on Oct 19 1915, and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. 5 mos. ds.

(Signed) Geo W Semmes M. D.

Oct 20, 1915. (Address) 508 Harlem Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Oct 22 1915

20-UNDERTAKER J. Chas H Treadwell — ADDRESS 142 W Fred

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89050 28 C89050

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Zink

(Residence in Baltimore: No. 104 N. Rose St.; 41 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July 22, 1874
(Month) (Day) (Year)

7-AGE, 41 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Md. (Balto City)

PARENTS.

10-NAME OF FATHER, Gerhart Zinke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sibilla Yaus

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hospital

(Address) Oliver St.

15- OCT 22 1915 MARRIED OR SINGLE

Filed....., 191.... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 20, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 23 1915, to Oct 20 1915, that I saw h[im] alive on Oct. 21 1915, and that death occurred, on the date stated above, at 10:40 p.m.

The CAUSE OF DEATH* was as follows:

Emphysema

Anuria (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (Duration) yrs. mos. ds.

(Signed) Edward R. Smith M. D.

Oct. 20, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. 2 mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 104 N. Rose St.

Former or usual residence 104 N. Rose St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cemetery	Oct. 23, 1915
20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

089051

HEALTH DEPARTMENT—CITY OF BALTIMORE

089051

CERTIFICATE OF DEATH.

74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert C Park

(Residence in Baltimore: No. 1702 Druid Hill Ave. St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Aug. 27th, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 24 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Robert H. Clark

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Estella Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S Boyd

(Address) Johns Hopkins Hospital

15-Filed OCT 22 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 21st, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 13th 1915, to Oct. 21st 1915, that I saw h[illegible] alive on Oct. 21st 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:
Internal Hydrocephalus

(Duration) yrs. 1 mos. 24 ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) yrs. mos. ds.

(Signed) Gilbert W. Dorsett M. D.

Oct. 21st, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1702 Druid Hill Avenue

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery | DATE OF BURIAL. Oct 22, 1915

20-UNDERTAKER F. A. Frank | ADDRESS 1107 Pine St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89052

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89052

CERTIFICATE OF DEATH.

80

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Cathedral ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis T Roberts

(Residence in Baltimore: No. 1104 Cathedral St.; 40 yrs., mos., ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug ....., 1844
(Month) (Day) (Year)

7-AGE, 71 yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Roberts

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Roberts

(Address) 1104 N. Charles St

15-
Filed OCT 22 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 13th 1915, to Oct 20th 1915, that I saw h— alive on Oct 17th 1915, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) Many yrs. mos. ds.

(Signed) C. B. Hamrick Jr. M. D.

Oct 21st, 1915. (Address) 240 N. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Oct 22, 1915
20-UNDERTAKER John A. Bishop	ADDRESS 1 Eden Terr

Spec.—5-19-13—M. & T.—500 Bks.

C89053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C89053

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 N. Patterson Park Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Theodore Heinericks

(Residence in Baltimore: No. 739 N. Patterson Park Ave St.; 2/12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, March (Month) 1st (Day), 1885 (Year)

7-AGE, 30 yrs. 7 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Emil H. Heinericks

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Minnie Just

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. A. Snyder

(Address) 739 N. Patterson Park Ave.

15- OCT 22 1915, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1915, to Oct 19 1915, that I saw him alive on Oct 19 1915, and that death occurred, on the date stated above, at 12:45 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Alvin B Lemmon M. D.

Oct 21, 1915. (Address) 718 N Patterson Pk Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, October 22 1915

20-UNDERTAKER H. G. Hughes — ADDRESS 17 S. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89054

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C89054

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 811 S. Green ST. 21 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louis M. Glaine

(Residence in Baltimore: No. 811 S. Green St.: — yrs. 5 mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May 25 (Month) (Day) 1915 (Year)

7 AGE: ..... yrs. 5 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balt city

PARENTS

10 NAME OF FATHER: John Glaine

11 BIRTHPLACE OF FATHER (State or country): Balt city

12 MAIDEN NAME OF MOTHER: Lena Farmer

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Green

(Address) 811 S Green St

15 OCT 22 1915 Filed ....., 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 20 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1915, to Oct. 20 1915, that I saw him alive on Oct 17, 1915, and that death occurred, on the date stated above, at 8 3/4 p. m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

..... (Duration) ..... yrs. ..... mos. 12 ds

Contributory (SECONDARY) ?

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Woods M. D.

Oct 21, 1915 (Address) 724 E Fayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Oct 22, 1915

20 UNDERTAKER: Geo H Heder — ADDRESS: 608 Lombard St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C89055 C89055

CERTIFICATE OF DEATH.

143

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Maryland General Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary A. Ricker.

(Residence in Baltimore: No. 1218 S. Paca St. St.; 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	married.

6-DATE OF BIRTH, March (Month) 12 (Day), 1887 (Year).

7-AGE.	If LESS than 1 day,
28 yrs. 7 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Saleslady for.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wholesale Liquor Dealer.

9-BIRTHPLACE, (State or Country), Madison Dorchester Co Maryland

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Margret Davis.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Cyrus Ricker.....

(Address).....1218 S. Paca.....

15- OCT 22 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 21 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from October 17, 1915, to October 21, 1915, that I saw h.r alive on October 21, 1915, and that death occurred, on the date stated above, at 4.20 a.m.

The CAUSE OF DEATH* was as follows:

.....Septicaemia.....

.....

.....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Carbuncle of the Lip (Lower Lip) (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) ....S. D. Shannon, M.D. ..... M. D.

....., 191... (Address) M. General Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 28 yrs. 7 mos. 9 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery. DATE OF BURIAL: Oct 24 1915

20-UNDERTAKER Harry W. Ellis & Son. ADDRESS 1944

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-12—M. & T.—500 Bks.

C89055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C89056

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1152 Ward ST.; 21 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Riddeling

(Residence in Baltimore: No. 1152 Ward. St.; yrs. 8 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Feb. (Month) 20 (Day), 1915 (Year)

7-AGE, ...yrs. 8 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Chas Riddeling

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bertha Blake

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Riddeling

(Address) 1152 Ward St

15- Filed OCT 22 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20, 191 5 to Oct 20 191 5, that I saw h[illegible] alive on Oct 20 191 5, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) ....yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Colitis

(Duration) ....yrs. mos. 7 ds.

(Signed) John F. Schwarzenberg M. D.

Oct 21, 1915 (Address) 1102 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, Oct. 22, 1915

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

Spec.—8-24-14—M. & T.—2000 Bks.

C89057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

C89057

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 E Madison ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mary A. Sheridan

(Residence in Baltimore: No. 1213 E. Madison St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 28, 1859
(Month) (Day) (Year)

7-AGE, 56 yrs. mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Excavating

9-BIRTHPLACE, (State or Country), Greenwood Balt. Co. Md.

PARENTS.

10-NAME OF FATHER, John Sheridan

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER, Miranda Treadwell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sarah Sheridan

(Address) 1213 E Madison St

15. OCT 22 1915 Filed ..... 191.. Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1915, to Oct. 21 1915, that I saw h[illegible] alive on Oct. 21 1915, and that death occurred, on the date stated above, at 10.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

Nephritis (Duration) 1 yrs. mos. ds.

(Signed) F. T. Russell M.D. M. D.

10/21, 1915. (Address) 2311 E. Fayette ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Oct 24th, 1915.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument St

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89053 28 C89053

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 S. Montford Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kasimir Pietrzak

(Residence in Baltimore: No. 837 S Montford Ave St.; 35 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, July (Month) (Day), 1860 (Year)

7-AGE, 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), German Poland,

PARENTS.

10-NAME OF FATHER, Ignacy Pietrzak

11-BIRTHPLACE OF FATHER (State or Country), German Poland,

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna Pietrzak

(Address) 837 S. Montford Ave.

15- ROBERT . KRAUTER,

Filed OCT 23 1915, 191 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 21, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1915, to Oct 21, 1915, that I saw him alive on Oct 21 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

1. Influenza Pulmonalis

(Duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. V. Wilhelm M. D.

Oct 22, 1915. (Address) 100 S. Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Oct 25, 1915.

20-UNDERTAKER M. J. Sadowski ADDRESS 705 S. Ann St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89059 × 40 C89059

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. University Hosp ST.; 4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Rieck (Rieck)

(Residence in Baltimore: No. University Hospital St.; ....yrs., ...mos. 19 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1835 (Year)

7-AGE, 80 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Rieck

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Caroline Ridel

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil Rieck

(Address) Preston Caroline Co Md

15- Filed OCT 23 1915, 19.. ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to Oct 21 1915, that I saw him alive on Oct 21 1915, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Gastrostomy Operation
(Surgical Shock)
(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Carcinoma oesophagus
(Duration) ....yrs. unknown mos. ....ds.

(Signed) H Houston Toulson M. D.

Oct 21, 1915 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 19 ds. In the State ....yrs. ....mos. 19 ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Preston, Md

19-PLACE OF BURIAL OR REMOVAL, Preston, Caroline Co Md — DATE OF BURIAL, Oct 23 1915

20-UNDERTAKER Wm A Rohde Son — ADDRESS 730 Balto

rec'd

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 089060 — 15 4 C89060

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 102 N. Henrietta ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Christian F. Schregel

(Residence in Baltimore: No. 102 N Henrietta St. 62 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Aug. (Month) 8th (Day), 1825 (Year)

7 AGE: 90 yrs. 2 mos. 12 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Frederick C. Schregel

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Lang

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Helen E. Schregel

(Address) 102 N. Henrietta

15 OCT 23 1915 Filed ..., 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 20th (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 12th, 1915, to Oct 20th 1915, that I saw him alive on Oct 20th, 1915, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Infirmities of Old Age

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY) Asthenia

(Duration) ... yrs. ... mos. 2 ds.

(Signed) L Carrick M. D.

Oct 21, 1915 (Address) 1417 McCulloh

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Conn. — DATE OF BURIAL: Oct 23rd 1915

20 UNDERTAKER: E. Ahlemann Son — ADDRESS 1039 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89061 C89061

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 161 W. Cross ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank B. Schroeter

(Residence in Baltimore: No. 161 W. Cross St.; 44 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct. 18th, 1853 (Month) (Day) (Year)

7-AGE, 62 yrs. — mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Schroeter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Schroeter

(Address) 161 W. Cross St.

15-

Filed OCT 23 1915 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 22nd, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 16 1914, to Oct. 21 1915, that I saw h[illegible] alive on Oct. 21 1915, and that death occurred, on the date stated above, at 2:30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) [illegible] M. D.

Oct. 23, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, Oct. 24th, 1915.

20-UNDERTAKER Mr. & Mrs. John H. Teufel ADDRESS 24 N. Fayette St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C39062 C39062 63

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 E. Preston St. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen E. Boehner (Bochmer)

(Residence in Baltimore: No. 1526 E. Preston St. St.; Lifetime. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, December 21st. (Month) (Day) 1869. (Year)

7-AGE, 46 yrs. 10 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore,

PARENTS.

10-NAME OF FATHER, Frank N.Ellerbrock.

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Barbara Guethlein.

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frank J. Boehner.
(Address) 1526 E. Preston St.

15- Filed OCT 23 1915, 191.. ROBERT J. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 21st, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1912., to Oct. 21st 1915., that I saw h[illegible] alive on Oct. 21st 1915., and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Progressive Bulbar Paralysis.

(Duration) 3 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Unascertained

(Duration) yrs. one mos. ds.

(Signed) Wm Hallam Wirth M. D.
Oct. 23d, 1915. (Address) 1819 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery.	10/25..., 191.5.
20-UNDERTAKER Chas F. Evans & Son.	ADDRESS 18 W. Mt. Royal Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89063

C89063

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital St., 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Jordan

(Residence in Baltimore: No. 1407 Herbert St East Balt. St.; — yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day), 188 (Year)

7-AGE, 34 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) (Coal Pier)

9-BIRTHPLACE, (State or Country), Hungary

PARENTS.

10-NAME OF FATHER, Frantzfir Jordan

11-BIRTHPLACE OF FATHER (State or Country), Hungary

12-MAIDEN NAME OF MOTHER Anna Mustat

13-BIRTHPLACE OF MOTHER (State or Country), Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Brooks & Son

(Address) 11 S Calhoun St

15- Filed OCT 23 1915 ROBERT J. KRAETER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18, 1915, to Oct 22, 1915, that I saw h in alive on Oct 22 1915, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

Pulmonal Edema Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Y. Hutzell M. D.

Oct 22, 1915 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1407 Herbert St East Balt

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem

DATE OF BURIAL, Oct 23, 1915

20-UNDERTAKER Robt Brooks & Son

ADDRESS Calhoun & Hollins

C89064

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C89064

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1767 Homestead ST. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frank A Stone Jr

(Residence in Baltimore: No. 1767 Homestead St.; yrs. mos. 1/2 hr

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct (Month) 22 (Day), 1915 (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 1/2 hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): City

PARENTS

10 NAME OF FATHER: Frank A Stone

11 BIRTHPLACE OF FATHER (State or country): City

12 MAIDEN NAME OF MOTHER: Margaret A Hasman

13 BIRTHPLACE OF MOTHER (State or country): City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R H Davis MD

(Address) 1573 N Caroline

15 Filed OCT 23 1915 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 22 1915 to Oct 22 1915 that I saw him alive on Oct 22 1915 and that death occurred, on the date stated above, at 7.45 a m.

The CAUSE OF DEATH* was as follows:

Unknown

Premature Birth

(Duration) ..... yrs. ..... mos. 1/2 hr

Contributory (SECONDARY) seven month baby

(Duration) yrs. 1 mos. ds.

(Signed) R H Davis M. D.

Oct 22 1915 (Address) 1573 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lorraine Cemty — DATE OF BURIAL: Oct 23 1915

20 UNDERTAKER: Elliott & Fuller — ADDRESS: 221 N Bundy

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89065 C89065 34

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 118 Weber ST. 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Rezac

(Residence in Baltimore: No. 118 Weber St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 28, 1894
(Month) (Day) (Year)

7-AGE, 21 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Venzel Rezac

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Francis Hodash

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Venzel Rezac

(Address) 118 Weber St

15-
Filed OCT 23 1915, 191.....
HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1915, to Oct 21 1915, that I saw her alive on Oct 20 1915, and that death occurred, on the date stated above, at 4 A.M. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of
Cervical Glands
(Duration) 0 yrs. 7 mos. 0 ds.

CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds.

(Signed) John H. Glosharek M.D.

Oct 21, 1915 (Address) 3100 Hanford Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross C.A. Co. DATE OF BURIAL, Oct. 23, 1915.

20-UNDERTAKER Jas. Dignan & Son ADDRESS 1000 S. Paca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C89066

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89066

CERTIFICATE OF DEATH.

8 105

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 842 St Peter St. ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Mary Bell

(Residence in Baltimore: No. 842 St Peters St.)

St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 20, 1911
(Month) (Day) (Year)

7-AGE, 3 yrs. 0 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS:

10-NAME OF FATHER, Emory Bell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Kaufman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Bell

(Address) 842 St Peters St

15-

Filed OCT 23 1915, 191.. ROBERT C ARCHER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 20, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 19 1915 to Oct 20 1915 that I saw her alive on Oct 19 1915. and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Older Youth

(Duration) yrs. mos. 14 ds.

(Signed) John Wahrenbrock M. D.

Oct 21 1915 (Address) 1120 W Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, London Park — DATE OF BURIAL, Oct 23, 1915

20-UNDERTAKER Jas. Pilgrim and Son — ADDRESS Lanvale & Linden

N. B.—EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—6-19-13—M. & T.—500 Bks.

C89067

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89067

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 W. Fayette St.) (WARD) 18

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J. Banks

(Residence in Baltimore: No. 906 W. Fayette St.) (If LESS than 1 year, 67 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 21, 1848 (Month) (Day) (Year)

7-AGE, 67 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION;
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Robert Richardson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. C. Andrews

(Address) 906 W. Fayette St.

15- Filed OCT 23 1915, 191 HARRY C ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 21 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21st 1915, to October 21st 1915, that I saw her alive on October 21st 1915, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Adhesive and Chronic Ulcerative Pericarditis (Duration) 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy (Duration) yrs. mos. 16 ds.

(Signed) Harry Meier M. D.

Oct. 23rd, 1915. (Address) 417 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In this State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cemetery DATE OF BURIAL, Oct. 23 1915

20-UNDERTAKER P. J. & M. S. Flynn ADDRESS 1422 Light St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C89068

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89068

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 McCulloh St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Myers Tolle

(Residence in Baltimore: No. 1031 McCulloh St.; 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, April 4, 1866 (Month) (Day) (Year)

7-AGE, 49 yrs. 6 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adendorf

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Tolle

(Address) 1031 McCulloch St.

15- OCT 23 1915 HARRY C. ANDREWS,

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 21, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1915, to Oct 21 1915, that I saw her alive on Oct 20 1915, and that death occurred, on the date stated above, at 7 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 6 yrs. 5 mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 6 ds.

(Signed) Myers A. Mountz M. D.

Oct 21, 1915 (Address) 1004 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Oct. 24, 1915

20-UNDERTAKER W. M. Rowton

ADDRESS 230 N. Greene

N. B.—Every item of information should be carefully supplied. ACCURATE AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Blks.

C89069

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89069

CERTIFICATE OF DEATH.

8 — 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann General Hospital ST.; 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Single

(Residence in Baltimore: No. 1318 N Vincent St. St.: 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Unknow (Month), 1863 (Year)

7-AGE: 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Thomas Gunn

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Unknow

13-BIRTHPLACE OF MOTHER (State or Country): Unknow

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susa Williams

(Address) 210 E Chatsworth

15- OCT 23 1915 HARRY C. ANDREWS, Registrar.

Filed ....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October 21, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 14 1915, to Oct 21 1915, that I saw h[illegible] alive on Oct 21 1915, and that death occurred, on the date stated above, at 1140 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

unknown (Duration) 2 yrs. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.

Oct 21, 1915. (Address) 1235 W Lafayette ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 52 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1318 N Vincent St

Former or usual residence 1318 N Vincent St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Oct 24, 1915
20-UNDERTAKER	ADDRESS
James H Dunn	1303 Riggs ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PENCIL WITH ONE RING IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C89070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C89070

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 Essex ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Rajtaczak.

(Residence in Baltimore: No. 2224 Essex St.; ..... yrs., 11 mos. 9 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male. | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 13th (Day), 1914. (Year)

7-AGE, ... yrs. 11 mos. 9 ds. | If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Rajtaczak

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER Mary Dzadosek

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Rajtaczak.

(Address) 2224 Essex St.

15-

OCT 23 1915 BUREAU OF VITAL STATISTICS

Filed ....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 22nd (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 5, 1915, to October 22, 1915, that I saw him alive on October 22, 1915, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

.....
Chronic Enteritis.
.....
.....
Indefinite (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ... yrs. ... mos. ... ds.

(Signed) Allen C. Beetham M. D.

Oct. 22, 1915. (Address) 3139 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Oct. 24th, 1915.
20-UNDERTAKER	ADDRESS
M. F. Sadowski.	405 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

C89071 C89071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Helm

(Residence in Baltimore: No. 3403 Bank St St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOW, or DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. 4, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 0 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Sun Building

9-BIRTHPLACE, (State or Country), Md. Balt

PARENTS.

10-NAME OF FATHER, Frederick Helm

11-BIRTHPLACE OF FATHER (State or Country), Europe (Germany?)

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sun Newspaper

(Address) Calvert St

15- HARRY O ANDREWS,

Filed OCT 23 1915, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 21, 191.5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 16 191.5, to Oct 21 191.5, that I saw him alive on Oct. 21 191.5 and that death occurred, on the date stated above, at 7.10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 1 yr. mos. 5 ds.

(Signed) Edward V. Smith M. D.

Oct 21, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State Life yrs. mos. d.

Where was disease contracted, if not at place of death? News Building

Former or usual residence 3403 Bank St

19-PLACE OF BURIAL OR REMOVAL, Bath Cem

DATE OF BURIAL, Oct 24 191.5

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

Dec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89072

28 C89072

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Eagle ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Slater

(Residence in Baltimore: No. 1808 Eagle St.; 42 yrs., 7 mos. X ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March X, 1873 (Month) (Day) (Year)

7-AGE, 42 yrs. 7 mos. X ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, William Dixon

11-BIRTHPLACE OF FATHER (State or Country), Eastern Shore Md

12-MAIDEN NAME OF MOTHER Hannah Smith

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Slater

(Address) 1809 Angel St

15- OCT 23 1915 Filed....., 191.... Burial Permit Given

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1915, to Oct 21 1915, that I saw her alive on Oct 11 1915, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pthisis Pulmonalis

(Duration) X yrs. 3 mos. X ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) X yrs. X mos. 25 ds.

(Signed) P Bridon M. D.

10/21, 1915. (Address) 1929 Wilkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemet	Oct 24, 1915
20-UNDERTAKER Charles B Jones	ADDRESS 1118 N Carey

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89073

REGISTERED NO. C 79

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 West ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Rakes

(Residence in Baltimore: No. 527 St West St St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH Sept 20, 1863 (Month) (Day) (Year)

7-AGE 52 yrs. 1 mos. 1 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Dorchester Co Md

PARENTS

10-NAME OF FATHER Peter Rakes

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Sarah Downs

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lester Rakes (Sister-in-law)

(Address) 527 West St

15- OCT 23 1915 Filed ..., 191... HARRY O ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Oct. 21, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 191..., to Oct 21 191..., that I saw h... alive on Oct 22 191..., and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Pyonic Root Disease

(Duration) yrs 2 mos ds.

Contributory (SECONDARY) ... (Duration) ... yrs ... mos ... ds.

(Signed) J. Edw. Smith M. D.

Oct 22 1915 [Address] 710 Eight St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL Mt Auburn DATE OF BURIAL Oct 24, 1915

20-UNDERTAKER C. E. Brown's ADDRESS 1015 Monroe St

Spec.—8-24-14—M. & T.—2000 Bks.

C89071 C89071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 x 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F Turner

(Residence ~~in Baltimore~~: No. Mercy Hospital St.; — yrs. — mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. 24, 1858.
(Month) (Day) (Year)

7-AGE, 56 yrs. 10 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ralph Turner

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rebecca Sinclair

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Wagner

(Address) Mercy Hosp

15- OCT 23 1915 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 7 1915, to Oct. 22 1915, that I saw him alive on Oct. 22 1915, and that death occurred, on the date stated above, at 10:15 m.

The CAUSE OF DEATH* was as follows:

Epithelial Cancer

Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) Edward A. Smith M. D.

Oct. 22 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Keedysville Md

Former or usual residence Keedysville Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Zahnis Parks Co. Md	Oct. 24, 1915.
20-UNDERTAKER	ADDRESS
H. C. Wiedefeld	917 Druid Hill Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89075 C89075

CERTIFICATE OF DEATH.

1 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Mullikin ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

2-FULL NAME John L. Lansley

(Residence in Baltimore: No. 1522 Mullikin St.: 73 yrs., 4 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 17, 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. 4 mos. 4 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John M. Lansley

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Sarah Lucas

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Lansley

(Address) 1522 Mullikin

15- Filed OCT 23 1915, 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 21, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16, 1915, to Oct 21 1915, that I saw him alive on Oct 21 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Endarteritis and Typhoid fever

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Intestinal Hemorrhage

Exhaustion (Duration) ....yrs. ....mos. 2 ds.

(Signed) Adolph G. Eisenberg M. D.

Oct 21, 1915. (Address) 2015 Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto County — DATE OF BURIAL, Oct 23, 191...

20-UNDERTAKER J. Henry & Co — ADDRESS 200 Aisquith

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

102

C8907 C8907

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Elliott St.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Edward Horsey

(Residence in Baltimore: No. 2904 Elliott St.; 53 yrs., 3 mos. 6 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, July (Month) 21 (Day), 1862 (Year)

7-AGE, 53 yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Geo. Horsey

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER ~~Unknown~~

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lena Horsey

(Address) 2904 Elliott

15-OCT 23 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1915, to October 21 1915, that I saw him alive on October 19 1915, and that death occurred, on the date stated above, at 7:25 m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. Silberman M. D.

Oct 21, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
Mt Carmel Cemetery	
20-UNDERTAKER	ADDRESS
J. Hess & Co	Baltimore

S. & C.—S-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89077 28 C89077

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 S. Duncan ST.; 2 WARD)

REGISTERED NO. C

2-FULL NAME Mathilda C. Druschel

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 326 S. Duncan St.; 44 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Nov. (Month) 15th (Day) 1868 (Year)

7-AGE. 46 yrs. 11 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto City Md.

PARENTS.

10-NAME OF FATHER. Harry Smith

11-BIRTHPLACE OF FATHER (State or Country). Balto. City Md.

12-MAIDEN NAME OF MOTHER Lottie Schantz

13-BIRTHPLACE OF MOTHER (State or Country). Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis P. Druschel

(Address) 326 S. Duncan St.

15- OCT 23 1915 HARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11 1915, to Oct 20 1915, that I saw her alive on Oct 20 1915, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) John F. Dennis M. D.

Oct 22, 1915. (Address) Fairmount Ave & Fortieth St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem. DATE OF BURIAL. Oct 24, 1915

20-UNDERTAKER H. Sander & Sons ADDRESS 1710 Pleas

Spec.—5-19-13—M. & T.—500 Bks.

C89078 C89073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 Frederick Ave St. 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Greenwald

(Residence in Baltimore: No. 2033 Frederick Ave St.; ~~yrs.~~ ~~mos.~~ ~~ds.~~)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Sept (Month) 20 (Day) 1830 (Year)

7-AGE, 85 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), American

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), American

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Helen Miller

(Address) Frederick Ave & Calvert

15- Filed OCT 23 1915, 191.. BERT O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8 1915, to Oct 23 1915, that I saw her alive on Oct 23 1915, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

a Apoplexy Cerebral

b Sclerosis

c

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Sclerosis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Dr. Theo W. Koldewey M. D.

Oct 23, 1915. (Address) 345 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery. DATE OF BURIAL, Oct 25, 1915

20-UNDERTAKER Geo. L. Schwab & Bro. ADDRESS 2101 Frederick Ave.

Spec.—5-19-13—M. & T.—500 Eks.

C89079

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89079

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 732 Forman ST.; 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Payne

(Residence in Baltimore: No. 732 Forman St.; — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), U S A

PARENTS.

10-NAME OF FATHER, Moses Thompson

11-BIRTHPLACE OF FATHER (State or Country), U S A

12-MAIDEN NAME OF MOTHER Louisa Smyth

13-BIRTHPLACE OF MOTHER (State or Country), U S A

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie Thompson

(Address) 732 Forman St

15-OCT 24 1915 HARRY O ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 21, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 10 1915, to Oct 21 1915, that I saw h[er] alive on Oct 20 1915, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

.....

Cardio-vascular disease

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. F. McCaid M. D.

10/22, 1915 (Address) 2005 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Oct 24, 1915

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Lillie Ave

FILMED

C89080

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C 28

CITY OF BALTIMORE (No. 55 S. Oakland St. 21 Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sadie Green

(Residence in Baltimore: No. 55 S. Oakland St. Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: unknown (Month) , 1 (Day) (Year)

7 AGE: 34 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): General

9 BIRTHPLACE (State or country): Balt city

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): Balt city

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): Balt city

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William J. Clark

(Address) 83 N. Ostend St.

OCT 24 1915 Filed ....., 191.. HARRY O ANDREWS. Special Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 21 (Day) , 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1915, to Oct 21, 1915, that I saw h[er] alive on Oct 18, 1915, and that death occurred, on the date stated above, at 11.50 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Stanley J. Hoag M. D.

Oct 23, 1915 (Address) 1926 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Int Auburn Cemetery | DATE OF BURIAL: Oct 24, 1915

20 UNDERTAKER: Wm H Hooper | ADDRESS: 1018 Bank Road

DARK

C89084

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1918 White street, ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Kellum,

(Residence in Baltimore: No. 1918 White street, St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH, July (Month) 8th (Day), 1861. (Year)

7-AGE, 54 yrs. 3 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Jones, friend,

(Address) 552 Mosher street.

15 OCT 24 1915 Filed, 191 HARRY O ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 21st (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular heart disease,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemper M. D.
(Coroner)

Oct. 21, 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 4, 19...

20-UNDERTAKER Samuel J Kemsley — ADDRESS 5784 Reisterstown Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

089082

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 089082

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Presbyterian Eye & Ear Hospital WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Daniels

(Residence in Baltimore: No. 1529 S. Lakewood Ave

St.; yrs., 31 mos. ... -dys.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Not Known (Month) (Day), 1851 (Year)

7-AGE, 64 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Szczepan Magdoni

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Mary Czerneka

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Daniels

(Address) 1529 S. Lakewood Ave

15 OCT 24 1915 HARRY O. ANDREWS,

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH October 22nd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Cond old age

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs.....mos.....ds.

(Signed) Wm. M. Savage, M. D.
Coroner.

Oct. 23, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos. 7 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 574 S. Lakewood Ave

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Oct 25, 1915

20-UNDERTAKER William Fiackowski

ADDRESS 1618 Eastern Ave

C89083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE (No. 2005 Aliceanna ST., Lancaster Pocket WARD)

2 FULL NAME Wojciech Kolodziejski

(Residence in Baltimore: No. 520 S. Washington St.; yrs. 25 mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, unknown (Month) (Day), 1838 (Year)

7-AGE, 77 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Langrall Pack Co

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Kolodziejski

(Address) 520 S. Washington

15- Filed OCT 24 1915, 191 JAMES J. KELLY, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy (old age)

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Wm. H. Saraos (Coroner.) M. D.

Oct. 23., 191 5. (Address) 1729 Washington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Oct 25., 1915

20-UNDERTAKER, William Fialkowski

ADDRESS 1618 Eastern Ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89081 C89081

1-PLACE OF DEATH — REGISTERED No. C 19

CITY OF BALTIMORE: (No. 1306 N Gilmore ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence May Lindsay aft

(Residence in Baltimore: No. 1306 N Gilmore St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb (Month) 19th (Day), 1877 (Year)

7-AGE: 38 yrs. 8 mos. 3 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: David C. Mitchell

11-BIRTHPLACE OF FATHER (State or country): City

12-MAIDEN NAME OF MOTHER: Emma Benton

13-BIRTHPLACE OF MOTHER (State or country): City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank J. Lindsay

(Address) 1306 N Gilmore St

15- OCT 24 1915 Filed, 191 — [illegible] Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1915, to Oct 22 1915, that I saw h[illegible] alive on Oct 22 1915, and that death occurred, on the date stated above, at 7 A.M. P.M., The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(Duration) yrs. mos. 10 ds.

Contributory (SECONDARY) Pulmonary Heart disease

(Duration) 3 yrs. mos. ds.

(Signed) J. F. Halbruna M. D.

Oct 23 1915 [Address] 1 E. Eutaw St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Westlawn — DATE OF BURIAL: Oct 25th, 1915

20-UNDERTAKER: G. F. Walker — ADDRESS: 723 Cathedral

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89085

8 1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1006 E. 20th St.) (9 Ward)

2 FULL NAME Esther Gray Gaens

(Residence in Baltimore: No. 1006 E. 20th St.)

Registered No. C x 64

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(— yrs. — mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single M.

6 DATE OF BIRTH: Unknown, 1869 (Month) (Day) (Year)

7 AGE: 46 yrs. 10 mos. — ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Washington D. C.

PARENTS

10 NAME OF FATHER: George F. Forbeck

11 BIRTHPLACE OF FATHER (State or country): Pa

12 MAIDEN NAME OF MOTHER: Ella Heaps

13 BIRTHPLACE OF MOTHER (State or country): Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. E. Borland

(Address) 428 Sixty St S W

OCT 24 1915 Filed ——, 191— HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 23rd (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 23rd, 1915, to Oct 23rd 1915, that I saw h— alive on Oct 23rd, 1915, and that death occurred, on the date stated above, at 8:50 m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 1 hour ds

Contributory (SECONDARY) Pneumonia

(Duration) — yrs. 10 mos. — ds.

(Signed) Jefferson Brick M. D.

Oct 24, 1915 (Address) 2044 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death — yrs. — mos. 2 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Washington D C

Former or usual residence: Washington D C.

19 PLACE OF BURIAL OR REMOVAL: Washington D C — DATE OF BURIAL: Oct 24 191—

20 UNDERTAKER: H. Fahey & Son — ADDRESS: 416 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

This is to certify that in Death Certificate #89 085 the Coroner of Baltimore City Conducted an Enquiry as to the Cause of Death of Mary Gheng was stated to be Single which should have been Married

Martin Fahey & Sons
Per Thomas E Fahey

STATE OF MARYLAND,

CITY OF BALTIMORE, Sct.

Subscribed and sworn to before me this first day of November, 1915.

Teresa A. Bimestefer
Notary Public

Spec.—8-24-14—M. & T.—2000 lbs.

C89086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 4 REGISTERED NO. C 89086

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vallie Myers

(Residence in Baltimore: No. (Home of Friendless Hospital St.; ..... yrs., ... mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Aug. (Month) 3 (Day), 1884. (Year)

7-AGE, 31 yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, William Myers

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Jane Burns

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Myers

(Address) Bridgeton Pa.

15- Filed OCT 24 1915, 191... HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 23 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 11 1915, to Oct 23 1915, that I saw him alive on Oct 23 1915, and that death occurred, on the date stated above, at 3 20 p m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis

(Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) ..... M. D.

10/23, 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. ..... mos. 12 ds.

Where was disease contracted, if not at place of death? Bridgeton Pa.

Former or usual residence Bridgeton Pa.

19-PLACE OF BURIAL OR REMOVAL, Wallers Memmorial Loch Raven Md. DATE OF BURIAL, Oct 24 1915.

20-UNDERTAKER E. H. Kurtz & Son ADDRESS Jarrettsville Md

H. M. Stein, M. D.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93

C89087 C89087

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Thomas

(Residence in Baltimore: No. 611 N. Bethel St. St.; —yrs., —mos. —ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Widowed

6-DATE OF BIRTH, Not known, ... (Month) ..... (Day) 1 (Year)

7-AGE, 38 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Edward Bell

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Lucy Edmonds

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Wesley Thomas

(Address) Calvert St.

15-

Filed OCT 24 1915, 191.. HARRY O. ANDREWS, Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 22, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 24 1915, to Oct. 22 1915, that I saw h[illegible] alive on Oct. 22 1915 and that death occurred, on the date stated above, at 11.05 m.

The CAUSE OF DEATH* was as follows:

[illegible]
Dysentery
[illegible]
(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Abscess
(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Edward F. Duvall M. D.

Oct. 22 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 28 ds. In the State 30 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 611 N. Bethel St.

Former or usual residence 611 N. Bethel St.

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery. DATE OF BURIAL. Oct. 24 191.5

20-UNDERTAKER Jno. T. Elliott ADDRESS 702 Forest Ave

Spec.—5-19-13—M. & T.—500 Bks.

C89083

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89083

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 Myrtle Ave., ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rose Valentine

(Residence in Baltimore: No. 216 Myrtle Ave. St.; 70 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, November 8, 1837, 1 (Month) (Day) (Year)

7-AGE, 77 yrs. 11 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Genoa, Italy

PARENTS.

10-NAME OF FATHER, John R. Podesta

11-BIRTHPLACE OF FATHER (State or Country), Genoa, Italy

12-MAIDEN NAME OF MOTHER Marietta Cassanelli

13-BIRTHPLACE OF MOTHER (State or Country), Genoa, Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Valentine

(Address) 13 W. Mulberry St.

15- OCT 24 1915 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 1915, to Oct-23 1915, that I saw h[illegible] alive on Oct-23 1915, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

a. Lobar Pneumonia

b.

c.

(Duration) 5 yrs. 6 mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Cholecystitis

(Duration) 7 yrs. 6 mos. 6 ds.

(Signed) Jno. G. Shiekel M.D.

Oct. 27, 1915 (Address) 206 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Oct. 25, 1915

20-UNDERTAKER Henry W. Maus & Son

ADDRESS 1051 Gilmor St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

S. 141-121

C89089

HEALTH DEPARTMENT—CITY OF BALTIMORE.

144

C89089

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1453 Woodall ST.: 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter P. Hackett

(Residence in Baltimore: No. 1453 Woodall St.: 10 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 10 (Day) 1871 (Year)

7-AGE, 34 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ship yard.

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Hackett

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Walter P. Hackett

(Address) 1453 Woodall St

15- Filed OCT 24 1915, 191. HARRY O ANDERSON Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1915, to Oct 22 1915, that I saw h[im] alive on Oct 22 1915, and that death occurred, on the date stated above, at 6½ p. m.

The CAUSE OF DEATH* was as follows:

~~Influenza~~ Pneumonia

due to Grip contracted about

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. 1 mos. ds.

(Signed) Fanny Finn M. D.

Oct 23 191 6 (Address) 1500 Hillsdale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Oct 25 191 5

20-UNDERTAKER, P. F. M. J. Flynn

ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89090

134

REGISTERED No. C

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2697 Wilkens Ave St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel M. Heagert

(Residence in Baltimore: No. 2697 Wilkens Ave St. — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH. Dec (Month) 18th (Day), 1892 (Year)

7-AGE. 22 yrs. 10 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John A. Kolbe

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Ann Lochner

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ann Kolbe

(Address) 2697 Wilkens Ave

15- OCT 24 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. (Month) 22nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Sudden Death

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Saml. Ulenberg (Coroner) M. D.

Oct. 23rd, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Westen Cemetery	Oct. 27 1915

20-UNDERTAKER Chas Crowley & H Fulton Ave ADDRESS

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89091 64 C89091

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 W. Fayette ST.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Timothy Ward

(Residence in Baltimore: No. 902 W Fayette St.; 10 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ward

(Address) 902 W. Fayette St.

15- OCT 24 1915 HARRY C. ANDREWS, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1915, to Oct 22 1915, that I saw h— alive on Oct 21 1915, and that death occurred, on the date stated above, at 100 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 6 yrs. mos. ds.

(Signed) E Revolinsun M. D.

Oct 24, 1915. (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Oct. 24, 191.(5)

20-UNDERTAKER John F. Cowan

ADDRESS 701 Hollins St

Spec.—5-19-13—M. & T.—500 Bks.

C89092

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89092

CERTIFICATE OF DEATH.

1320

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2641 Hudson ST.; 1 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Kosciolinak

(Residence in Baltimore: No. 2641 Hudson St.; 47 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 25 (Day), 1868 (Year)

7-AGE, 46 yrs. 6 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wawzyn Kosciolniak

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Petronel Zerkowska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victoria Kosciolniak

(Address) 2641 Hudson

15-

Filed OCT 24 1915 HARRY C. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 21 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from October 8, 1915 to October 21 1915, that I saw him alive on October 21, 1915, and that death occurred, on the date stated above, at 7:50 m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 2 ds.

(Signed) Emil Novak M. D.

Oct 23, 1915 (Address) 268 Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, Oct. 25, 1915

20-UNDERTAKER Stephen J. Fialkowski — ADDRESS 1019 S Ferdinand Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89093

HEALTH DEPARTMENT--CITY OF BALTIMORE

C89093

CERTIFICATE OF DEATH

104

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 203 S. Monroe St. St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louis Norman Weibe

(Residence in Baltimore: No. 203 S. Monroe St St.; 1 yrs. — mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct — 14, 1914 (Month) (Day) (Year)

7 AGE: 1 yrs. — mos. 8 ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Otto L. Weibe

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Bessie Carson

13 BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Otto L. Weibe

(Address) 703 S. Monroe St.

15 OCT 24 1915 Filed ....., 191

HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 22, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 16 1915, to Oct 22 1915, that I saw him alive on Oct 22 1915, and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis 10 days
marasmus—

(Duration) — yrs. 4 mos. — ds

Contributory (SECONDARY) Exhaustion

(Duration) — yrs. 1 mos. — ds.

(Signed) Estelle Fleming M. D.

Oct 23, 1915 (Address) 2000 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Friday

DATE OF BURIAL: Oct 25, 191

20 UNDERTAKER: Geo. H. Wirth

ADDRESS: 521 Lombard St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

See Birth Certificate No. 14554

Parents Names Sally & Elver Jones
Childs Name Mary Jones,

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C89094 91 C89094

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 703 Druid Hill St. dW WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Jones

(Residence in Baltimore: No. 703 N. Hill ave. St.; ..... yrs., 3 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) June (Day) 17 (Year) 1915

7-AGE, ... yrs. 3 mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER Alexander Jones

11-BIRTHPLACE OF FATHER (State or Country). Barbadoes

12-MAIDEN NAME OF MOTHER Sarah E. Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Jones

(Address) 703 N. Hill ave.

15- OCT 24 1915 Filed....., 191... HARRY G. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 22nd, 19N. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18th 1915, to Oct 22nd 1915, that I saw h[illegible] alive on Oct. 20th 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. 1 mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) A. Lee Ellis M. D.

Oct 23, 191.5. (Address) 924 Mad. ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Oct 25, 191..

20-UNDERTAKER John A. Penkert — ADDRESS 1[illegible] Pine Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89095

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

C89095

1-PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 941 W. Lexington St. 18 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Caroline F. Phelps

(Residence in Baltimore: No. 941 W Lexington St.: 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: May (Month) 29 (Day), 1831 (Year)

7-AGE: 84 yrs. 4 mos. 23 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Frederick Co- Md.

PARENTS

10-NAME OF FATHER: Peter Bond

11-BIRTHPLACE OF FATHER (State or country): Carroll Co.- Md.

12-MAIDEN NAME OF MOTHER: Julia A. Lindsey

13-BIRTHPLACE OF MOTHER (State or country): Frederick Co.- Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard G. Elliott

(Address) Annapolis- Md.

OCT 24 1915 Filed 191

HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 1, 1915, to Oct. 22 1915, that I saw her alive on Oct - 22 - 1915, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

* Senility

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Pulmonary Oedema

(Duration) ... yrs. ... mos. 1 ds.

(Signed) J. T. Alvarez M. D.

Oct 25, 1915 (Address) 1942 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery | DATE OF BURIAL: Oct. 26, 1915

20-UNDERTAKER: Joseph B. Cook | ADDRESS: 1003 West Baltimore St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it is very important. See instructions on back of certificate. Exact statement of OCCUPATION may be properly classified.

THIS IS A PERMANENT RECORD

C8909[illegible]

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C8909[illegible]

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 615 Duke Land Ave. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs. Mary J. Ruppert

(Residence in Baltimore: No. 615 Duke Land Ave St.; 63 yrs. 11 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: November 15, 1851 (Month) (Day) (Year)

7 AGE: 63 yrs. 11 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Weber

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank A. Ruppert

(Address) 2345 Edmondson Ave

15 OCT 24 1915 Filed ..... 191.....

HARRY O ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 23d (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 17th, 1915, to Oct 22nd 1915, that I saw her alive on Oct 22nd, 1915, and that death occurred, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of Heart
* Asthma
Several Years (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cardiac Asthenia
..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. Carrick M. D.

Oct, 23, 1915 (Address) 1417 Mc Culloh St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral DATE OF BURIAL: Oct 25, 1915

20 UNDERTAKER: Jos B Cook ADDRESS: 1003 W Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

INK—THIS IS A PERMANENT RECORD

C8909?

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C8909?

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1102 E Federal ST.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Smith

(Residence in Baltimore: No. 2203 E Federal St.: —yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH October 21 (Month) (Day), 1915 (Year)

7-AGE ....yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Harry B Smith

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Elizabeth Butler

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Smith

(Address) 2203 E Federal St

15 Filed OCT 25 1915 191 ROBERT . KRAUTHR Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Oct 24 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1915, to Oct 24 1915 that I saw h[illegible] alive on Oct 24 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. ....mos. ....ds

Contributory (SECONDARY) asthenia

(Duration) ....yrs. ....mos. ....ds.

(Signed) J William Fr[illegible] M.D.

Oct 25, 1915 (Address) 1127 N Bayl[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 25th, 1915

20-UNDERTAKER: Geo M Fr[illegible] — ADDRESS: 811 N Wolfe

N. B.—Every item of information should be carefully supplied. AGE is very important. See instructions on back of certificate. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

Spec.—5-19-13—M. & T.—500 Bks.

C89093 C89093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 586 West Preston ST.: 17 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Moore

(Residence in Baltimore: No. 586 West Preston St.: 26 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Blk.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June ?, 1887
(Month) (Day) (Year)

7-AGE, 26 yrs. 4 mos. ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) St. Mary's County - Md

PARENTS.

10-NAME OF FATHER, Daniel Moore

11-BIRTHPLACE OF FATHER (State or Country) Dorchester County

12-MAIDEN NAME OF MOTHER Julia West

13-BIRTHPLACE OF MOTHER (State or Country) St. Mary's County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Moore

(Address) 586 W. Preston St.

15- DUPLICATE . BRANCH,

Filed OCT 25 1915 Burial Permit ISSUED

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 23rd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 19 1915, to October 23 1915, that I saw her alive on October 21 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Luis.

(Duration) 2 yrs. mos. ds.

(Signed) Berthe E. Fuseman M. D.

Oct 23, 1915. (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, October 25, 1915

20-UNDERTAKER Fields-Frye

ADDRESS 102 E. Mulberry St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Elmodam L. George.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89099 C89099

CERTIFICATE OF DEATH.

172

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1833 E Lombard ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmodam Lawson George

(Residence in Baltimore: No. 1833 E Lombard St.; 1 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	married

6-DATE OF BIRTH. Oct ? , 1843
(Month) (Day) (Year)

7-AGE. 72 yrs. ? mos. ? da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER. Benj F. George

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER. Catherine ?

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. George

(Address) 1833 E Lombard

15- OCT 25 1915 ROBERT . KRAETER, Burial Permit Clerk
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 24th, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 16th 1915, to October 27th 1915, that I saw h— alive on Oct 24th 1915, and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

Fractured Surgical neck of Femur

caused by Fall down stairs (Accident) (Duration) yrs. 2 mos. da.

CONTRIBUTORY (Secondary) Senile Debility (Duration) yrs. 2 mos. da.

(Signed) Herman J. Gieting M. D.

Oct. 24th, 1915. (Address) 1500 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel Cem	Oct 27, 191...

20-UNDERTAKER Wm Cook ADDRESS 1017 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Over)

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8900 C8900

CERTIFICATE OF DEATH.

119

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 W. Lexington ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lilly Leonard Farnandis

(Residence in Baltimore: No. 1511 W. Lexington St. St. Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) widowed

6-DATE OF BIRTH, Aug 28, 1815
(Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day. hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Nurse
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm H. Leonard

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Jane R. Merson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Mantell

(Address) Catonsville Md.

15- OCT 25 1915 ROBERT . KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1914, to Oct 24 1915, that I saw h[illegible] alive on Oct 24 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Valv. Arthritis

(Duration) yrs. 10 mos. ds.

(Signed) Leonard E. Brack M. D.

Oct. 27, 1915. (Address) 2 E. 21st St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount

DATE OF BURIAL, Oct. 26, 1915

20-UNDERTAKER E. M. Mitchell & Co.

ADDRESS 1201 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89101 C89101

79

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Sherwood Hotel 212 W. Monument St. 11 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth S. Martin

(Residence in Baltimore: No. 212 W. Monument. St. life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (If write the word): Widowed

6 DATE OF BIRTH: Aug 14, 1834 (Month) (Day) (Year)

7 AGE: 81 yrs. 1 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Isaiah Balderston

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Lucy Holmes

13 BIRTHPLACE OF MOTHER (State or country): Conn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Abbie Raymond.
(Address) Pikesville, Md.

15. Filed OCT 25 1915 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 23, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1915. to. Oct 23, 1915. that I saw her alive on Oct 23, 1915. and that death occurred, on the date stated above. at 4 P. m.
The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart,

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Cardiac Hypertrophy

(Duration) Some yrs. mos. ds.

(Signed) Geo. W. DeHoff M. D.
Oct 23, 1915 (Address) 2020 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Oct. 25 1915

20 UNDERTAKER: E. M. Mitchell & Co. — ADDRESS: 1201 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89102 151 C89102

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hosp ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Norris.

(Residence in Baltimore: No. 1410 Rutter St. St.; yrs., mos. ds.)

7de

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 10 (Day), 1915. (Year)

7-AGE, yrs. 5 mos. 13 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Wm. Norris

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ella Pauher

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Rueff

(Address) John Hopkins Hosp

15- Filed OCT 25 1915, 191.... MORRY . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 23 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 22, 1915, to Oct 23 1915, that I saw h[illegible] alive on Oct 23 1915, and that death occurred, on the date stated above, at 7 40 P. m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 1 mos. ds.

(Signed) Gilbert W. Rosenthal M. D.

Oct 24, 1915. (Address) John Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 1410 Rutter St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Oct 25, 1915.

20-UNDERTAKER Geo H Roger — ADDRESS Caroll & Pine Sts

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89103 C89103

CERTIFICATE OF DEATH.

170

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Hillman ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Gantenbein

(Residence in Baltimore: No. 1003 Hillman St.; 30 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 4, 1853 (Month) (Day) (Year)

7-AGE, 62 yrs. 7 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cooper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Gantenbein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary M. Gantenbein

(Address) 1003 Hillman St.

15- OCT 25 1915 ROBERT ... KRAUTER Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 22 1915, to Oct 25 1915, that I saw h.. alive on Oct 23 1915, and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's disease

(Duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Bernard Wise M. D.

10/27, 191.. (Address) 914 E. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Oct. 27, 1915.

20-UNDERTAKER Henry Hock Son — ADDRESS 1301 E. Baltimore

N.B. Entries of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bkp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1430 Light ST.; 23 WARD)

2-FULL NAME Wm H. Zepp

(Residence in Baltimore: No. 1430 Light St

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. Life mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ Married (Write the word.)

6-DATE OF BIRTH, Oct 31st (Month) (Day), 1851 (Year)

7-AGE, 63 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or....mtn.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Locomotive Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R. R.

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Rubin Zepp.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lukeman.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry F. Zepp.

(Address) 1430 Light St

15- OCT 25 1915 Filed ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1915, to Oct 22 1915, that I saw him alive on Oct 22 1915, and that death occurred, on the date stated above, at 10.50 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Diagnosis

Carcinoma of stomach

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 1 ds.

(Signed) F. Freeman Lentz M. D.

Oct 24, 1915. (Address) 2040 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Oct. 26 1915

20-UNDERTAKER W. J. & M. E. Flynn — ADDRESS 1422 Light St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8910 — 1920 — 89105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 774 W Hamburg St ST.; 21 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Ludwig

(Residence in Baltimore: No. 774 W Hamburg St St.; 41 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July 4, 1863 (Month) (Day) (Year)

7-AGE, 52 yrs. 3 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brewer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Ludwig

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. F. Ludwig

(Address) 774 W. Hamburg St.

15- Filed OCT 25 1915 191 ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 21, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1915, to Oct 21 1915, that I saw him alive on Oct 21 1915, and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. Sudden ds.

(Signed) Edw Lucas M. D.

Oct 24, 1915 (Address) 517 Scott

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Oct. 25, 1915

20-UNDERTAKER, James Dignan Son — ADDRESS 1000 S Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89106 — 1920 C89106

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Stanton

(Residence in Baltimore: No. 712 E North ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov (Month) 4 (Day), 1875 (Year)

7-AGE, 39 yrs. 11 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm H Stanton

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Belle O Albaugh

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Stanton

(Address) 712 E North Ave

15- Filed OCT 25 1915, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17 1915, to Oct 23 1915, that I saw him alive on Oct 22 1915, and that death occurred, on the date stated above, at 6.45 a m.

The CAUSE OF DEATH* was as follows:

Lob. Endocarditis

(Duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Lob. Par. Nephritis

(Duration) yrs. 6 mos. ds.

(Signed) Ernest Wm Kreger M. D.

Oct 23., 191.5 (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. — ds. In the State yrs. mos. 14 ds.

Where was disease contracted, if not at place of death? New York City

Former or usual residence 712 E North Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Oct 26, 191.5
20-UNDERTAKER	ADDRESS
E A Friedfeld & Co	Eutaw St

N. B.—Every item of information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89107 C89107 ×45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Francis Walsh

(Residence in Baltimore: No. St Josephs Hospital- St.; yrs., mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	Single

6-DATE OF BIRTH, Nov. (Month) 11 (Day) 1854 (Year)

7-AGE, 11 yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. B. O. Pierce

(Address) Cathedral & Mulberry

15- Filed OCT 25 1915 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 2 1915, to Oct 24 1915, that I saw h[im] alive on Oct. 24 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

Chronic Nephritis

Hypostatic Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Cystitis

(Duration) yrs. mos. 7 ds.

(Signed) Oscar V. Kuhlgatt M. D.

Oct 25, 1915. (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 22 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence Amendale Md-

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Amendale Md	Oct 25 1915.

20-UNDERTAKER Jos J. Fahey & Sons ADDRESS 1318 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89108 C89108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Harman

(Residence in Baltimore: No. Temporarily Hosp. St.; yrs. 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day), 1872 (Year)

7-AGE, 23 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. R R foreman
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Lewis Harman

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Rachael Mary

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Grover Harman

(Address) Arundel Md.

15- Filed OCT 25 1915, 191... ROBERT J. BRADDOCK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19 1915, to Oct 24 1915, that I saw h[illegible] alive on Oct 24 1915, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

(a) Abscess R Base
Tempro. sphenoidal region
(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Otitis Media
(Duration) yrs. 2 mos. ds.

(Signed) C. Houston Judson M. D.

Oct 25, 1915 (Address) Aviation Camp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Camp

Former or usual residence Bowie Md

19-PLACE OF BURIAL OR REMOVAL, Patuxent Md. DATE OF BURIAL, Oct 27, 1915

20-UNDERTAKER Chas E Franck ADDRESS 502 Madison

FOR CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89109

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89109

1 PLACE OF DEATH — Registered No. C 8

City of Baltimore (No. 1926 E. Eager St.: 8 Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Field Butler

(Residence in Baltimore: No. 1926 E. Eager St.: 3 yrs. 1 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: September 6, 1912 (Month) (Day) (Year)

7-AGE: 3 yrs. 1 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Thomas D. Butler.

11-BIRTHPLACE OF FATHER (State or country): Baltimore City.

12-MAIDEN NAME OF MOTHER: Laura E. Baily

13-BIRTHPLACE OF MOTHER (State or country): Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Addie Cape

(Address) 1836 Eastern Ave.

15 Filed OCT 25 1915 19... ROBERT . KRAUTHER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 24, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1915, to October 24 1915, that I saw him alive on Friday October 22, 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Catarrhal Pneumonia complicated with the Whooping Cough,

(Duration) ..... yrs. ..... mos. 22 ds

Contributory (SECONDARY) Convulsions

(Duration) ..... yrs. ..... mos. 3, ds.

(Signed), Frederick G. Kramer M. D.

Oct 24, 1915 (Address) 112 S. Broadway,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Int. Carmel — DATE OF BURIAL: Oct. 25, 1915

20-UNDERTAKER: Fickler & Fickler — ADDRESS 1734 E. Eager

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C89110

CERTIFICATE OF DEATH

92

C89110

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 453 Brunswick St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Jeremiah James Railsback.

(Residence in Baltimore: No. 453 Brunswick St.; 60 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Feb. 24, 1855 (Month) (Day) (Year)

7 AGE: 60 yrs. 8 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Packing House.

9 BIRTHPLACE (State or country): Indiana

PARENTS

10 NAME OF FATHER: Enoch Railsback

11 BIRTHPLACE OF FATHER (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Not Known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Grace A. Steinacker.

(Address) 453 Brunswick St.

15. Filed OCT 25 1915 ROBERT . KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 23, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1915, to Oct 23 1915, that I saw h[e] alive on Oct 23, 1915, and that death occurred, on the date stated above, at 3.0 m.

The CAUSE OF DEATH* was as follows:

Labor pneumonia & Plurisy

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY)

(Duration) yrs. mos. 1 ds.

(Signed) W. A. Reed M. D.

Oct 23, 1915 (Address) 4507 Fred Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: OCT 25 1915

20 UNDERTAKER: Geo A. Gerber ADDRESS: Back & Logan

C89111 C89111

HEALTH DEPARTMENT—CITY OF BALTIMORE 64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1337 Argyle avenue, ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Slaughter,

(Residence in Baltimore: No. 1337 Argyle avenue,

St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Widowed,

6-DATE OF BIRTH, August (Month) 31st (Day), 1839. (Year)

7-AGE,	If LESS than 1 day,
76 yrs. 1 mos. 22 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, ? ? Owkward,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Slaughter, daughter.

(Address) 1337 Argyle avenue.

15- OCT 25 1915 Filed....., 191.... ROBERT . KRAUTER. Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 23d (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemp M. D. (Coroner.)

Oct. 24, 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Williamsport Md	Oct 26 1915
20-UNDERTAKER	ADDRESS
John H Owens	1222 Druid Pk

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8912

C8912

CERTIFICATE OF DEATH

1-PLACE OF DEATH Pronounced dead at Mercy Hospital 8/20

CITY OF BALTIMORE: (No. Ambulance work in City Limits ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Hutton

(Residence in Baltimore: No. Belvidere Hotel Arlington St., unknown. yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, unobtainable ? ? ? (Month) (Day) (Year)

7-AGE, 44 ? ? yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Gardener
(b) General nature of industry, business, or establishment in which employed (or employer). Hotel Belvidere

9-BIRTHPLACE, (State or Country) Unobtainable

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER (State or Country).

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Myers

(Address) Arlington

15- OCT 25 1915 ROBERT . KRAUTER, Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 24, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 24 1915, to Oct 24 1915, that I saw h[im] alive on Oct 24 1915, and that death occurred, on the date stated above, at 1:20 P. m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Pancreatitis

(b) Nephritis

(Duration) Did not know yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

(Signed) Edward V. Smack M. D.

Oct 24, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death Died in Ambulance yrs. mos. ds. In the State Unobtainable yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Arlington Md.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge

DATE OF BURIAL, Oct 26, 1915

20-UNDERTAKER Wm Cook

ADDRESS 507 E. Lexington

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89113 C89113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alex. G. Harris

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 24 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) 1865 (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Promoter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Texas

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15 OCT 25 1915 Filed ..... 191.. ROBERT . KRAUTHOFF, Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 23 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 30 1915, to Oct 25 1915, that I saw h[illegible] alive on October 23 1915, and that death occurred, on the date stated above, at 3 55 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 15 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Emphysema disease

(Duration) 2 yrs. 11 mos. ..... ds.

(Signed) Paul A. Edwards M. D.

Oct 25, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 24 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Harlem Lodge Catonsville Md.

19-PLACE OF BURIAL OR REMOVAL, Houston Texas. DATE OF BURIAL, Oct 25, 1915.

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 120 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89114 C89114 64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 Dolphin ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Johnson

(Residence in Baltimore: No. 241 Dolphin St.; 30 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... 1865 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Launderess .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va "

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Emma Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Johnson

(Address) 1021 Argyle Ave

15- Filed OCT 25 1915, 191.... ROBERT P. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Oct. 23 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 191 5, to Oct 23d 191 5, that I saw h.. alive on Oct. 22d 191 5, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

12 hrs. (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) A. Ker Gibbs M. D.

10/24, 191 5 (Address) 924 Mad. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Oct. 25th, 1915

20-UNDERTAKER Felix B Pye

ADDRESS 102 E Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89115

CERTIFICATE OF DEATH.

91 C89115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 n. Calvert ST.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary B. Mason

(Residence in Baltimore: No. 2212 n. Calvert St. St.; unknown yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, March 15, 1829
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
86 yrs. 7 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lady
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Reynolds Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mason

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. C. Mason

(Address) 2212 N. Calvert St

15- Filed OCT 25 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 23, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1915, to Oct 23 1915, that I saw h[er] alive on Oct 22 1915, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. J. Kirby M. D.

Oct 23, 191.5 (Address) 110 E. 39th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Leesburg Va	10-26, 191..
20-UNDERTAKER Henry W. Jenkins & Sons Co	ADDRESS Milton + Orchard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89116

CERTIFICATE OF DEATH.

28 C89116

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 296 Old York Road ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Loretta West

(Residence in Baltimore: No. 296 Old York Road St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 24th, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 7 mos. 0 ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Eugene C. West

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Augusta V. Streeter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene West

(Address) 296 Old York Road

15- OCT 25 1915 HARRY O. ANDREWS,

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 24th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29th 1915, to Oct 24th 1915, that I saw her alive on Oct 24th 1915 and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Geo. H. Bumgotner M.D.

Oct 24th 1915 (Address) 2537 Freeman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Oct. 26., 1915

20-UNDERTAKER Henry Lutz — ADDRESS 1007 N. Bond St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Mulberry St.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith ~~Dracon~~ H Rayner

(Residence in Baltimore: No. 1603 Mulberry St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Dec. (Month) 14th (Day), 1879 (Year)

7-AGE. 36 yrs. 10 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Wm. F. Dracon

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER Mary E. Joyner

13-BIRTHPLACE OF MOTHER (State or Country). Eastern Shore of Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. A. Dracon

(Address) 324 S. Collington Ave

15- Filed OCT 25 1915, 191.. HARRY C. ANDREWS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 13 1915, to Oct. 25, 1915, that I saw her alive on October 25 1915, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

1. Tuberculosis of Lungs & Larynx

(Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Hood M. D.

Oct. 26, 1915. (Address) 630 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	Oct. 27, 1915
20-UNDERTAKER Albert E. Hull	ADDRESS 221 N Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C89118

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89118

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 N Milton Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victor E. Kendall

(Residence in Baltimore: No. 1813 N Milton Ave St.; 50 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 14, 1860 (Month) (Day) (Year)

7-AGE, 55 yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipping clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England.

PARENTS.

10-NAME OF FATHER, George Kendall.

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Kindall

(Address) 1813 Milton Ave.

15- Filed OCT 25 1915, 191.. HARRY O. ANDREWS, Registrar. (Assistant Permit Clerk)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 24, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 22 1915, to Oct 24 1915, that I saw h alive on Oct 24 1915, and that death occurred, on the date stated above, at 6:35 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. E. Hearn M. D.

Oct 25 1915 (Address) 1201 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Stemmers Run

DATE OF BURIAL, Oct. 26, 1915

20-UNDERTAKER J. Frew McCully

ADDRESS 1159 E Fort Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89119 41 C89119

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 S. Calvert St. Rd 20 ST.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Stumpf

(Residence in Baltimore: No. 32 S. Calvert St. Rd 20 St.; 48 yrs., ... mos., ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... June (Month) 4 (Day), 1848 (Year)

7-AGE 67 yrs. 4 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Retired Butcher,
(b) General nature of industry, business, or establishment in which employed (or employer) Lyle & Jem Grant Saloonkeeper

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jeremiah Stumpf

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Wilhelmina Abel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Stumpf

(Address) 31 N. Bentalou St

OCT 25 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... October (Month) 23 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 9 1915, to Octob 23 1915, that I saw him alive on October 23 1915, and that death occurred, on the date stated above, at 3 45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Duodenale

Coma Hepaticum

Carcinoma Sigmoideum

About ..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Herm. E. Mayr M. D.

Oct. 23, 191. 5 (Address) 822 W. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, Oct 26, 191..

20-UNDERTAKER George J. Smith & Sons ADDRESS 1022 Eutaw St

HEALTH DEPARTMENT—CITY OF BALTIMORE 1920

CERTIFICATE OF DEATH.

C89120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4012 Park Heights ave. ST. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Hensel,

(Residence in Baltimore: No. 2927 Windsor avenue, St.; yrs., Life mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH, January (Month) 1st (Day), 1864 (Year)

7-AGE, 51 yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: District inspect-
(b) General nature of industry, business, or establishment in which employed (or employer): of City lights,

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Hensel,

11-BIRTHPLACE OF FATHER (State or Country). Germany,

12-MAIDEN NAME OF MOTHER Mary Rheinhardt,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hensel, wife,

(Address) 2927 Windsor avenue.

15- Filed OCT 26 1915 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 24th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis,

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kemper M. D.
(Coroner.)

Oct. 25th 1915 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Oct 27, 1915

20-UNDERTAKER Josiah Sypor — ADDRESS 1600 W North ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89121 C89121

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 319 S Vincent ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Brown

(Residence in Baltimore: No. 319 S. Vincent St.; — yrs., 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct — 12 —, 1863
(Month) (Day) (Year)

7-AGE, 52 yrs. — mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Howard Co Md.

PARENTS.

10-NAME OF FATHER, Howard Co Md.

11-BIRTHPLACE OF FATHER (State or Country). Allen Down

12-MAIDEN NAME OF MOTHER Jane Smith

13-BIRTHPLACE OF MOTHER (State or Country) Howard Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Brown

(Address) 319 S. Vincent St

15- OCT 26 1915 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct — 23 —, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1915, to Oct 23 1915, that I saw h[illegible] alive on Oct 22nd 1915, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial
Nephritis
(Duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) J. C. Smith M. D.
Oct 25, 1915. (Address) 313 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	Oct 26, 191 5
20-UNDERTAKER	ADDRESS 306
Hallet Brand & Mount	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C89122

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hosp. ST. 18 WARD)

(If death occurred in a hospital or Institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aloysius P. Coniff

(Residence in Baltimore: No. 501 N Carey ST. 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. Unknown (Month) (Day), 1860 (Year)

7-AGE. 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. R.R. Dispatcher
(b) General nature of industry, business, or establishment in which employed (or employer). Retired

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Coniff

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Tynan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John B. Coniff

(Address) Jersey City

15- Filed OCT 26 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 23rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism (Duration) yrs. mos. ds.

(Signed) Saml Weinberg M. D. (Coroner)

Oct. 25th 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. / In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death? 501 N. Carey St

Former or usual residence 501 N. Carey St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Oct. 26, 1915

20-UNDERTAKER J. Fickert Sons ADDRESS North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89123

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89123

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 218 S. Bethel, ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Somerville

(Residence in Baltimore: No. 218 S. Bethel)

about 8 yrs

St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct. 27th, 1887
(Month) (Day) (Year)

7-AGE, 28 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah E Brooks

(Address) 218 S. Bethel

15- Filed OCT 26 1915 ROBERT KRAETER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm M Sanger M. D.
(Coroner.)

Oct. 26, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury — DATE OF BURIAL, Oct 26 1915

20-UNDERTAKER John C Henderson — ADDRESS 317 Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 79

CERTIFICATE OF DEATH.

(89121) (89121)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 617 Pendle court, ST. 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Brown,

(Residence in Baltimore: No. 617 Pendle court,

abt 30 yrs.

St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, ... Unknown, (Month) ..... / (Day) ..... (Year)

7-AGE, 40? yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Day laborer,
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER. Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Bright, friend,

(Address) 617 Pendle court.

15- OCT 26 1915 ROBERT . BRAUTER, Burial Permit Clerk.

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... October 23d, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
..... Probably
..... Organic heart disease,
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Neufeld M. D.
(Coroner.)

Oct. 24, 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemet	Oct 26, 1915
20-UNDERTAKER	ADDRESS
Charles B Jones	1118 W Saratoga

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89125 6 C89125

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1110 Ething — ST.: 17 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph L Johnson

(Residence in Baltimore: No. 1110 Ething St.: 24 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: unknown, 1 (Month) (Day) (Year)

7 AGE: 80 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jos. L Johnson do.

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mor Johnson

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Joseph L Johnson Jr

(Address): 1110 Ething St

15 Filed OCT 26 1915, 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. 24, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1915, to Oct. 24, 1915, that I saw h— alive on Oct. 23, 1915, and that death occurred, on the date stated above, at 12.25 p.m.
The CAUSE OF DEATH* was as follows:

Hemiplegia & paralysis

14 days (Duration) yrs. mos. ds

Contributory (SECONDARY) Senility

14 days (Duration) yrs. mos. ds.

(Signed) Carlton M Cole M. D.

Oct 24, 1915 (Address) 1107 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: OCT 26 1915

20 UNDERTAKER: Samuel H Kemsley — ADDRESS: 578 N Bond

Spec.—5-19-13—M. & T.—500 Bks.

C89123

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89126

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 W. West. St.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Thomas

(Residence in Baltimore: No. 139 W. West. St.; 20 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, November 24, 1894 (Month) (Day) (Year)

7-AGE, 20 yrs. 11 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland. Balto

PARENTS.

10-NAME OF FATHER, John Thomas

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Kate Clayton

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Gross

(Address) 1002 Caren Alley

15- OCT 26 1915 Filed ....., 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1915, to Oct. 22 1915, that I saw her alive on Oct. 22 1915, and that death occurred, on the date stated above, at 3.40 P.m.

The CAUSE OF DEATH* was as follows:

Primary — Typhoid Fever

Followed by Lobar Pneumonia

Immediate Exhaustion.

(Duration) ..... yrs. ..... mos. 19 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. 19 ds.

(Signed) J. P. Strong M. D.

10/24/1915 (Address) 506 H Lemmard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, ..., 191...

20-UNDERTAKER Samuel J Kemsley

ADDRESS 598 W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C89127

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 N. Payson ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Magennis.

(Residence in Baltimore: No. 712 N. Payson St. St.; 74 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 10, 1841 (Month) (Day) (Year)

7-AGE, 73 yrs. 10 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Conductor
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frederick W. Magennis Jr.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Ella S. Stanley.

13-BIRTHPLACE OF MOTHER (State or Country). D C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick W. Magennis Jr.

(Address) 712 N. Payson

15- OCT 26 1915 ROBERT . KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Oct 24 1915; that I saw h[illegible] alive on Oct 24 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(Duration) yrs. 1 mos. ds.

(Signed) W. C. Fruingar M D. M. D.

Oct 25, 1915. (Address) 681 Columbus Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Oct 27, 1915

20-UNDERTAKER Wm Cook. ADDRESS 502 E. Hall.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 89128 — 37 — C 89128

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1306 Pennsylvania Ave St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Johnson

(Residence in Baltimore: No. 1306 Pennsylvania Ave. St.; yrs. 3 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH: June (Month) 30 (Day), 1915 (Year)

7-AGE: ——— yrs. 3 mos. 25 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: —— None ——
(b) General nature of industry, business, or establishment in which employed (or employer): —— None ——

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Leroy Johnson

11-BIRTHPLACE OF FATHER (State or country): Washington, D. C.

12-MAIDEN NAME OF MOTHER: Viola Rich

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Norton Toomey, M. D.

(Address) Janett Hosp.

15- Filed OCT 26 1915 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased ~~from~~ October 10, 1915, to, XXXX 191, that I saw him alive on Oct 10, 1915, and that death occurred, on the date stated above, at 9, p. m.

The CAUSE OF DEATH* was as follows:

Syphilis, congenital

(Duration) yrs 3 mos. 11 ds.

Contributory (SECONDARY): Under feeding (?)

(Duration) yrs mos. ds.

(Signed) Norton Toomey M. D.

Oct. 24 1915 [Address] Janett Hospital for Children 27 Cary, St. West

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem'y — DATE OF BURIAL: Oct. 26 1915

20-UNDERTAKER: John Howard — ADDRESS: 1222 Division

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89129

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1225 Division street, ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annetta J. Hill,

(Residence in Baltimore: No. 1225 Division street,

St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed,

6-DATE OF BIRTH, May (Month) 25th (Day), 1859. (Year)

7-AGE, 56 yrs. 4 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William Oldham,

11-BIRTHPLACE OF FATHER (State or Country). Kentucky,

12-MAIDEN NAME OF MOTHER Lucretia Anderson,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eureka Young, daughter,

(Address) 1225 Division street.

15- Filed OCT 26 1915, 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 23d (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable internal injuries resulting from an accidental fall into a depression in yard of premises,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Kemp M. D.
(Coroner)

Oct. 25th 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL. Lamel Cemetery

DATE OF BURIAL, Oct 26 1915

20-UNDERTAKER Robert A. Elliott.

ADDRESS 506 Rogers Ave.

C89130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C 89130

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 720 Stockton street, St.) 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Dixon,

(Residence in Baltimore: No. 720 Stockton street, St.) 9 Life yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, October (Month) 23d (Day), 1915. (Year)

7-AGE, 0 yrs. 0 mos. 3 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None,
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles Dixon,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Louisa Carbin,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Dixon, father,

(Address) 720 N. Stockton street,

15- OCT 26 1915 ROBERT . KRAUTER
Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 25th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Infantile convulsions,

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. da.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

Oct. 25th 1915 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ft Fe

DATE OF BURIAL, Oct 28th, 1915

20-UNDERTAKER, Clarence Wright

ADDRESS 1311 Bank

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89131 C89131

CERTIFICATE OF DEATH. 28 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Druid Hill Ave 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delaware Williams

(Residence in Baltimore: No. 1105 Druid Hill Ave S.; 20 yrs., — mos. — ds.)

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE Colored | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 25 (Day), 1862 (Year)

7-AGE, 53 yrs. 6 mos. — da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Insurance Agent
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Houston, Halifax Co Va

PARENTS.

10-NAME OF FATHER, George Williams

11-BIRTHPLACE OF FATHER (State or Country), Houston Va

12-MAIDEN NAME OF MOTHER Anne Brown

13-BIRTHPLACE OF MOTHER (State or Country) Houston Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Williams

(Address) 1105 Druid Hill Ave

15- OCT 26 1915 ROBERT . KRAUTHER

Filed....., 191.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 25th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 21st 1915, to October 25th 1915, that I saw h[illegible] alive on October 25 1915, and that death occurred, on the date stated above, at 1:40 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. M. C. Quackenbush M. D.

Oct. 25, 1925. (Address) 1340 N Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem | DATE OF BURIAL, Oct 27, 1915

20-UNDERTAKER John A. Bishop | ADDRESS 1117 N. Gay St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C 89132 (C 89132)

CITY OF BALTIMORE (No. 534 W Barre ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and WARD No. (8.))

2-FULL NAME Camilio Defona (Known) Charles Defona

(Residence in Baltimore: No. 918 S Hanover St. St. 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 13, 1889
(Month) (Day) (Year)

7-AGE, 25 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Giuseppe Defona

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Sadie Alessa

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Pavone

(Address) 918 S. Hanover St.

15- Filed OCT 26 1915, 191.... ROBERT J. KRAUTER, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot wounds in head and abt 6 (Homicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Homicide

(Duration) yrs. mos. ds.

(Signed) Edw. Gruenstein M. D.
(Coroner.)

Oct 26, 1915. (Address) 511 South St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Oct. 26, 1915.

20-UNDERTAKER E. Schuerman Son ADDRESS 1039 Hanover St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C89133

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 346 S. Stricker ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian M. Groppe

(Residence in Baltimore: No. 346 S. Stricker St.; 24 yrs., 6 mos. 28 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, March 26th, 1891
(Month) (Day) (Year)

7-AGE, 24 yrs. 6 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER, Howard J. Rock

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Gerber

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Rock

(Address) 339 S. Stricker St

15- Filed OCT 26 1915 ROBERT J. KRAUSE, Official Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 24th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Saml Wintz (Coroner) M. D.

Oct 24th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincent Cemetery — DATE OF BURIAL, Oct. 28. 1915

20-UNDERTAKER George Lehmat & Bro — ADDRESS 2101 Eutaw Ave

Spec.--8-24-14--M. & T.--2000 Bks.

Frances Balla

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89134 C89134

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 24 WARD) REGISTERED NO. C 784

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Balla

(Residence in Baltimore: No. 702 Beverly St St.; ....yrs. 5 mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May 27, 1910
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. ....ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER, F. Balla

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Audrey ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- OCT 26 1915 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1915, to October 25 1915, that I saw her alive on October 25 1915, and that death occurred, on the date stated above, at 4 00 p m.

The CAUSE OF DEATH* was as follows:

Indigestion, Intestinal Chronic

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W Rosenthal M. D.

Oct 26, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 3 mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 702 Beverly St

Former or usual residence 702 Beverly St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery	Oct 27, 1915
20-UNDERTAKER	ADDRESS
P. & M. S. Flynn	1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C89135 C89135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 E. N. Caroline ST.; 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. H. Young

(Residence in Baltimore: No. 1208 N. Caroline St.: 71 yrs., 8 mos. 17 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feby 11, 1844
(Month) (Day) (Year)

7-AGE, 71 yrs. 8 mos. [illegible] da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mariner
(b) General nature of industry, business, or establishment in which employed (or employer): Sea Captain

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Geo. Young

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Johns

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. James K Reed

(Address) 1208 N Caroline st

15- ROBERT . KRAUTER, Registrar.

Filed OCT 26 1915 191.... Burial Permit No. [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1915, to Oct 23 1915, that I saw h[illegible] alive on Oct 23 1915, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 10 mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) [illegible] M. D.

Oct 25, 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... da. In the State .... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, Oct 26, 1915

20-UNDERTAKER [illegible]

ADDRESS Bonaparte Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. —8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89136 C89136

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 Wilson ST.; 14 WARD) REGISTERED No. C 1720

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warren Williams

(Residence in Baltimore: No. 321 Wilson St.; 55 yrs., 2 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 20, 1860
(Month) (Day) (Year)

7-AGE, 55 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Dyer Works

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, John W. Williams

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary S. Foy

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bella B. B. Williams

(Address) 321 Wilson

15- Filed OCT 26 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

Dr. J. Goldstein 211 N. Fanwali

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1915, to Oct 24 1915, that I saw h[illegible] alive on Oct 24 1915, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hyperthrophy.

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) [illegible] yrs. mos. ds.

(Signed) J. Goldstein M. D.

10-25, 1915 (Address) 211 N. Fanwali

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Oct. 27, 1915
UNDERTAKER A. C. Wedefeld	ADDRESS 914 Greenmount Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89137

CERTIFICATE OF DEATH.

120 C89137

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 18 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Watkins

(Residence in Baltimore: No. 1227 Hanlon St. St.; 40 yrs., ... mos. ..... da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Aug 8, 1845
(Month) (Day) (Year)

7-AGE, 60 yrs. 2 mos. 16 ds.
If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Nurse

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James A. Adams

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Rebecca A. Wise

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. E. Harne

(Address) 743 W. Fayette St.

15. OCT 26 1915 Filed....., 191.....
ROBERT . KRAUTER
Special Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 25, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct. 16 1915, to Oct. 25 1915, that I saw h.. alive on Oct 25 1915, and that death occurred, on the date stated above, at 4:09 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis ? Chronic Pancreatitis ? Mal. Int.

(Duration) ... yrs. ... mos. ... da. Did not know

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... da.

(Signed) Bernard Smith M. D.

Oct 26 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 9 ds. In the State ... yrs. 5 mos. ... ds.

Where was disease contracted, if not at place of death? 1227 Hanlon St

Former or usual residence 1227 Hanlon St

19-PLACE OF BURIAL OR REMOVAL, Pikesville Cemetery — DATE OF BURIAL, Oct. 27, 1915

20-UNDERTAKER Jos. L. Cook — ADDRESS 1003 W. Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Seeho

C89133

CERTIFICATE OF DEATH.

151

C89133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 E Lafayette Ave ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred St Seebo

(Residence in Baltimore: No. 1806 E Lafayette Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 20. (Month) (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Louis Seebo.

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Etta Bischoff

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Etta Bischoff

(Address) 1806 E Lafayette Ave

15- ROBERT . KRAUTER,

Filed OCT 26 1915, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 26 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1915, to Oct 26 1915, that I saw h[illegible] alive on Oct 26 1915, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Oct 26, 1915. (Address) 1514 E Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudenslake Cemetery Fairview Cemetery	Oct 26, 1915
20-UNDERTAKER Robt S Shuter	ADDRESS 1412 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Augusta Trueschler.

C89139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89139

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 N. Milton Ave ST.; 8d WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Trueschler

(Residence in Baltimore: No. 1511 N. Milton ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, August 23rd (Month) (Day), 1889 (Year)

7-AGE, 26 yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City Balto.

PARENTS.

10-NAME OF FATHER, Charles Waechtick

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Elizabeth Hanneman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph F. Trueschler

(Address) 1511 N Milton Ave

15-OCT 26 1915 ROBERT . BRAUER, Burial Permit Clerk.
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-10-22-15, 1915, to 10-24-1915, that I saw h[illegible] alive on 10-24-1915, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 9 mos. 24 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 14 ds.

(Signed) John Lloyd M. D.

10-25-, 1915. (Address) 1931 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Holy Redeemer	10/27..., 1915
20-UNDERTAKER	ADDRESS
Fred J. Schaeffer & Son	1006 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89140

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89140

CERTIFICATE OF DEATH.

63

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 Warren Ave St. 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas E. Morgan Sr.

(Residence in Baltimore: No. 121 Warren Ave St.; 50 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 8 (Day), 1866 (Year)

7-AGE, 69 yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Joiner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Bennett Morgan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Sewell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah V. Morgan (Wife)

(Address) 121 Warren Ave.

15- OCT 26 1915 Filed....., 191.... HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 24 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 4 1914, to Oct 24 1915, that I saw him alive on Oct 20 1915, and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Paralysis Agitans

(Duration) 1 yrs. 3 mos. ds.

(Signed) Benj. L. Phillips M. D.

Oct. 25, 1915. (Address) 1929 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery — DATE OF BURIAL, Oct 27 1915

20-UNDERTAKER Armstrong & Denny Co — ADDRESS 715 Light St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Hahnemann General Hospital, 1122 North Mount street, ST. 16 WARD)

REGISTERED No. C 89141

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob H. Gibson,

(Residence in Baltimore: No. 2822 Rayner avenue, St.) Age 11 yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH: April (Month) 17th (Day), 1858. (Year)

7-AGE: 57 yrs. 6 mos. 9 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Maryland,

PARENTS.

10-NAME OF FATHER: Isaac B. Gibson,

11-BIRTHPLACE OF FATHER (State or Country): Maryland,

12-MAIDEN NAME OF MOTHER: Sarah Cryer,

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Calvin H. Gibson, son,

(Address) 2822 Rayner avenue.

15- Filed OCT 27 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 26th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by inhalation of illuminating gas, (suicide)

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Melancholia,

(Duration) yrs. mos. da.

(Signed) J. Frederick Kempel M. D.
(Coroner.)

Oct. 26, 191 5 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death Probably dead on arrival at hospital. yrs. mos. da. State yrs. mos. da.
Where was disease contracted, if not at place of death?
2822 Rayner avenue.
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Haurs Wharf
DATE OF BURIAL, Oct 28 19 15

20-UNDERTAKER William Cook
ADDRESS 502 E North ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89142

C89142

CERTIFICATE OF DEATH.

124

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Bauer ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah M. Buchheimer

(Residence in Baltimore: No. 17 N. Bauer St.; 83 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Dec (Month) 12th (Day); 1831 (Year)

7-AGE,	If LESS than 1 day,
83 yrs. 11 mos. 13 ds.	....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Saxe Gotha Germany

PARENTS.

10-NAME OF FATHER, Xavier Butts

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Hinger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mrs. H. Buchheimer

(Address) ..... 17 N. Bauer St.

15- Filed OCT 27 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1915, to Oct 25 1915, that I saw her alive on Oct 25 1915, and that death occurred, on the date stated above, at 10.30 P.M.

The CAUSE OF DEATH* was as follows:

.....

.....(R.C.D.) Cy.....

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cy & Ins. 6

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Oct 25, 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Oct. 27, 1915

20-UNDERTAKER	ADDRESS
John B. Speneer	1325 N. Gaudeno St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89143

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 E Fredrick St.; 12 WARD)

2-FULL NAME Helen Jane Trainor

(Residence in Baltimore: No. 419 E Fredrick St.; ....yrs.,....mos.....da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June (Month) 5 (Day), 189.. (Year)

7-AGE, 21 yrs. 4 mos. 21 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Kingsville Md

PARENTS.

10-NAME OF FATHER, Frank Traine

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary E. Kell

13-BIRTHPLACE OF MOTHER (State or Country), Kingsville Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna L Trainor

(Address) 419 E Fredrick

15- Filed OCT 27 1915, 191.. ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1915, to Oct 26 1915, that I saw h[illegible] alive on Oct 26 1915, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

D

Adenocarcinoma of Ovaries

(Duration).....yrs. 1 mos.....da.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration).....yrs.....mos. 1 da.

(Signed) E. A. Heller M. D.

Oct 26, 1915. (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Young Green Md — DATE OF BURIAL, 10/29/15

20-UNDERTAKER Louis Cook — ADDRESS 77 E Man

Dr Heller - Washington - Gough

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89144 C89144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N Bond ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Carter

(Residence in Baltimore: No. 111 N Bond St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dec (Month) 14 (Day) 1850 (Year)

7-AGE, 64 yrs. 10 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) House Work

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Geo. C. Crook

(Address) Wheeling West Va

15- Filed OCT 27 1915 ROBERT A. KRAUTER, Burial Permit Clerk, By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 22 1915, to Oct 26, 1915, that I saw her alive on Oct 25 1915, and that death occurred, on the date stated above, at 7.00 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Patton M. D.

Oct 26, 1915. (Address) 1711 E Back St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, Oct. 28, 1915

20-UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89145

C89145

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 Mt Royal Terrace St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Benjamin Fintres

(Residence in Baltimore: No. 2132 Mt Royal Terrace St.; 4 yrs., 1 mos. ? ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH May 29, 1863 (Month) (Day) (Year)

7-AGE. 52 yrs. 4 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer): Broker

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Richard B. Fintres

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Carrie Wyatt

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lottie L. Fintres

(Address) 2132 Mt Royal Terrace

15- Filed OCT 27 1915, 191.. ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 26th, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 29th 1915, to October 26th 1915, that I saw h~~im~~ alive on Oct 24th 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Apoplexy - (Hemorrhagic)

(Duration) ~~...~~ yrs. 4 mos. 26 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) ~~...~~ yrs. ~~...~~ mos. ~~...~~ ds.

(Signed) Nathan R. Gorter M. D.

Oct 26th, 1915. (Address) 147 Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Norfolk Virginia — DATE OF BURIAL, Oct 27, 1915

20-UNDERTAKER Stewart & Mosier Co — ADDRESS 108 Mott Ave

C89145 C89145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x182

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph's Hospital St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph Bandy

(Residence in Baltimore: No. St. Josephs, Hospital St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec Nov, 1907
(Month) (Day) (Year)

7-AGE. 13 yrs. mos. ds.

IF LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Md.

PARENTS.

10-NAME OF FATHER. John H Bandy

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Barbara Wikoler

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Bandy

(Address) Rossville, Md.

15- Filed OCT 27 1915. HOMER . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 25th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The "CAUSE OF DEATH" was as follows:

Gunshot Wound of abdomen (Perforation of Ligament stomach)
Homicide

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) yrs. mos. ds.

(Signed) Wm M Savage M. D.
(Coroner)

Oct 26, 1915 (Address) 1724 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 13 yrs. mos. ds.

Where was disease contracted, if not at place of death? Rossville Md

Former or usual residence Rossville Md

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct 29 1915

20-UNDERTAKER, Robt J Turner — ADDRESS 1440 N Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89147

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 116 S Bethel ST.: 3rd WARD) REGISTERED No. C 78

2-FULL NAME David Thomas

(Residence in Baltimore: No. 116 S. Bethel

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, October 24th, 1871.
(Month) (Day) (Year)

7-AGE, 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, David Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Cassandra Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Esther Thomas

(Address) 116 S. Bethel

15- OCT 27 1915 ROBERT P. KRAUTER,
Filed ....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 24, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. ds.

(Signed) Wm. M. Savage M. D.
(Coroner.)

Oct. 26 191 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Oct 28 1915
20-UNDERTAKER	ADDRESS
Theodore Wirth	1702 Gough

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89143

CERTIFICATE OF DEATH.

C89143

REGISTERED No. C 5 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 North Colvin ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Foote

(Residence in Baltimore: No. 508 North Colvin St.; ...yrs.,...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Oct (Month) 24 (Day), 1915 (Year).

7-AGE, ...yrs...mos...dys. If LESS than 1 day, 14 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Andrew Hughes

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Jane Foote

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- Filed OCT 27 1915, 191... ROBERT JOHNS KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 25 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 24 1915, to Oct 25 1915, that I saw h im alive on Oct 25 1915, and that death occurred, on the date stated above, at about 12 noon

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration)...yrs...mos...dys.

CONTRIBUTORY (Secondary) Congenital Syphilis

(Duration)...yrs...mos...dys.

(Signed) John G. Murray Jr. M. D.

..., 191... (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL.	OCT 26 1915, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

225

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89149

CERTIFICATE OF DEATH.

1920 C89149

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 S. Castle ST.) 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Rohm

(Residence in Baltimore: No. 14 S. Castle St.) 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 18 (Day), 1890 (Year)

7-AGE. 25 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grocery clerk.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Leonard Rohm

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Margaret Butzler

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. Leonard Rohm

(Address) 14 S. Castle st.

15- OCT 27 1915 ROBERT KRAUTER

Filed....., 191.... Registrar of

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 24 1915, to Oct. 26 1915;
that I saw him alive on Oct. 20 1915;
and that death occurred, on the date stated above, at 1 a. m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Benj. F. Hanby M. D.

Oct. 26, 1915 (Address) 1216 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?...

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, Oct. 29, 1915.

20-UNDERTAKER Jos. J. Kerr ADDRESS 1914 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89150

64 C89150

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 N. Calvert ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Augustine Monmonier

(Residence in Baltimore: No. Waverly, Balto Co. 981 Calvert ave. St.; ..... yrs., Life mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 24 (Day), 1844 (Year)

7-AGE, 71 yrs. 2 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Francis Monmonier

11-BIRTHPLACE OF FATHER (State or Country), Paris, France

12-MAIDEN NAME OF MOTHER Mary A Connor

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry C. Martin

(Address) 824 N. Calvert St.

15- Filed OCT 27 1915 ROBERT . KRAUTER Registrar. No. Burial Permit 5...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 13th 1915, to Oct 26th 1915, that I saw h[illegible] alive on Oct 26th 1915, and that death occurred, on the date stated above, at 12 40 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Exhaustion

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Louis A Monmonier M. D.

Oct 24 1915 (Address) Catonsville, Md.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? "

Former or usual residence "

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Oct 28, 1915

20-UNDERTAKER Henry W. Jenkins & Sons Co — ADDRESS 711 Cathedral & Richard Sts.

C89151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 C89151

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1913 Walbrook Ave. St.) 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Eva Margaret Heinlein

(Residence in Baltimore: No. 1913 Walbrook Ave. St.; 50 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Sept. (Month) 22, (Day) 1829 (Year)

7 AGE: 86 yrs. 1 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Clawson

(Address) West Arlington

15 Filed OCT 27 1915 ROBERT J. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 26, (Day) 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1915, to Oct. 26 1915, that I saw h-er alive on Oct. 25, 1915, and that death occurred, on the date stated above, at 6:40 A.M.

The CAUSE OF DEATH* was as follows:

Uremia—Interstitial Nephritis

Myocarditis

Chronic Interstitial Nephritis

(Duration) 4 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. C. Mehrl M. D.

Oct. 26. 1915. (Address) 1903 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Oct 28 1915
20 UNDERTAKER	**ADDRESS**
Josiah Syfer	1600 W North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78

REGISTERED No. C 09152

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 602 S. Bethel, ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Kotowski

(Residence in Baltimore: No. 602 S. Bethel. St.; yrs., mos. ds.) 18

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb (Month) 15 (Day), 1877 (Year)

7-AGE, 38 yrs. 8 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Generale

9-BIRTHPLACE, (State or Country), Russian Poland.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kotowska

(Address) 602 S Bethel St

15- Filed OCT 27 1915, 191. ROBERT J. KRAUTER, Special Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilation of Heart

(Duration) yrs. mos. ds.

(Signed) Wm. McSweyn M. D. (Coroner.)

Oct 26 1915. (Address) 729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Oct 28, 1915

20-UNDERTAKER, William Fialkowski

ADDRESS 1618 Eastern Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89153

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89153

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 515 S. Ann St. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bronislawa Balcerowicz.

(Residence in Baltimore: No. 515 S. Ann St. St.; 29 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March (Month) 19 (Day), 1887 (Year)

7-AGE, 28 yrs. 8 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Russian Poland.

PARENTS.

10-NAME OF FATHER, Grzegorz Lamtrowsk.

11-BIRTHPLACE OF FATHER (State or Country) Russian Poland.

12-MAIDEN NAME OF MOTHER Josepa Lizik

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Czesaw Balcerowicz

(Address) 515 S. Ann St.

15- Filed OCT 27 1915, 191.. ROBERT . KRAUTER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH October 26th, 1915.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 28th 1915 to October 26th 1915.

that I saw her alive on October 25th 1915,

and that death occurred, on the date stated above, at 2:55 a m.

The CAUSE OF DEATH* was as follows:

Interval Diagnosis

Cancer of Stomach

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Theodore Meyer M. D.

Oct 26 1915, (Address) 103 N Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	Oct 28 1915
20-UNDERTAKER, William Fialkowski.	ADDRESS 1618 Eastern Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89151 — 151 — C89154

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1109 Orleans ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Berry

(Residence in Baltimore: No. 1109 Orleans)

Life

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Oct (Month) 25th (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 14 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Berry

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Marie Sutton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Mata

(Address) 506 East 2d

15- Filed OCT 27 1915, 191... ROBERT . ERACTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 26th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cremation Burial (7 Ms)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elisabeth V. Russell M. D. (Coroner.)

Oct 25th, 1915. (Address) 423 N Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Oct 27, 1915

20-UNDERTAKER Robert A Elliott — ADDRESS 406 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89155

C89155

CERTIFICATE OF DEATH.

8

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 N. Paca Street ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maude Frances Brazier

(Residence in Baltimore: No. 522 N. Paca Street St.; 3 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Sept. 12 (Month) 1897 (Day), 1 (Year)

7-AGE, 18 yrs. 1 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer): Hutzler Bros.

9-BIRTHPLACE, (State or Country): Washington, D. C.

PARENTS.

10-NAME OF FATHER, Leonard G. Brazier

11-BIRTHPLACE OF FATHER (State or Country), London, England

12-MAIDEN NAME OF MOTHER Louise G. Hurley

13-BIRTHPLACE OF MOTHER (State or Country), Bristol, Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard G. Brazier

(Address) 522 N. Paca Street.

15- Filed OCT 27 1915, 191 HOBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 191 5, to Oct 26 191 5, that I saw h[er] alive on Oct 25 191 5, and that death occurred, on the date stated above, at 4.20 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. 16 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) George L. Dunaj M. D.

Oct 26 191 5 (Address) 721 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Oct 29, 1915
20-UNDERTAKER Henry W. Means & Son	ADDRESS 1055 N. Calvert St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C89156 ×108 C89156

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie M. Dill

(Residence in Baltimore: No. University Hosp St.; yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, — (Month) — (Day) 1884 (Year)

7-AGE, 31 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Reed Ford

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mary Weller

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William S. Dill

(Address) Salem Md

15-

Filed OCT. 27 1915 NORBERT F. KRAUTER, Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1915, to Oct 27 1915, that I saw her alive on Oct 27 1915, and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

Toxic Insanity.

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

(Duration) yrs. mos. 6 ds.

(Signed) R. L. Johnson M. D.

Oct. 27, 1915. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 31 yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence Salem Md.

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Salem, Md.	Oct 27, 1915

20-UNDERTAKER	ADDRESS
Jos. T. Cook	602 W. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89157

156

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2417 Jefferson ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen G. Milsark

(Residence in Baltimore: No. 2417 Jefferson St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, March 25th, 1876.
(Month) (Day) (Year)

7-AGE, 39 yrs. 7 mos. 28 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm Balster

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catherine Lehrer

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lee Milsark

(Address) 2417 Jefferson St

15- OCT 27 1915 ROBERT . KRAUTER, Special Deputy
Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 27th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide: Illuminating Gas

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah J. Russell M. D.
(Coroner.)

Oct. 26th, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Oct 27, 1915

20-UNDERTAKER Christian Miller ADDRESS 2534 Jefferson Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89158 * 118 C89158

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Isherwood

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1862 (Year)

7-AGE, 53 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Hand.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jas Isherwood

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sidney Dall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Isherwood

(Address) 578 N Bridle St

15- OCT 27 1915 Filed ....., 191.... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 26 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct-19 1915, to Oct-26 1915, that I saw h.. alive on Oct 26 1915, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Toxemia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) M. J. Egan Jr. M. D.

Oct-27, 1915 (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Woodbine Md

Former or usual residence Woodbine Md.

19-PLACE OF BURIAL OR REMOVAL, Woodbine Cemetery — DATE OF BURIAL, 10/29 1915

20-UNDERTAKER Samuel I Hemsley — ADDRESS 578 N Bridle

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(89159) 175 (89159)

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Md Hosp ST: 15 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chester B White

(Residence in Baltimore: No. 3501 Powhatan Ave ST.; yrs., Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: May (Month) 24 (Day), 1896 (Year)

7-AGE: 19 yrs. 11 mos. 30 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Scholar
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Lucius White

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Cora Kupsp

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lucius White
(Address) 3501 Powhatan Ave

15- ROBERT J. KRAUTER, Burial Permit Clerk
Filed OCT 27 1913 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 23 (Day), 1913 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said decedent came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Internal Hemorrhage
Automobile Accident
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Ruptured Spleen
(Duration) yrs. mos. ds.

(Signed) J. H. Peters (Coroner) M. D.
Oct 27 1913. (Address) 242 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS.)
At place of death ....yrs. ....mos. 8 ds. In the State 19 yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? Glen Burnie U. A. C. Md
Former or usual residence 3501 Powhatan Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, 10/27, 1913

20-UNDERTAKER W J Tucker ADDRESS North Ave

Spec.—8-24-14—M. & T.—200J Blks.

Dubinsky

HEALTH DEPARTMENT—CITY OF BALTIMORE

(89160)

CERTIFICATE OF DEATH.

63

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Aged Home ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Dubinsky

(Residence in Baltimore: No. Hebrew Aged Home St.; 25 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 105 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Nelson

(Address) 1069 Lisburn st

15- Filed OCT 27 1915, 191.... HOWARD E. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1912, to Oct. 26 1915, that I saw h in alive on Oct. 26 1915, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Pituitis Agitants

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Enteritis

(Duration) yrs. 8 mos. ds.

(Signed) P. G. Nielsen M. D.

Oct. 27, 1915. (Address) 1420 E. Balto. st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 10 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, Oct 27, 1915

20-UNDERTAKER A. Lennon & Bro — ADDRESS 1107 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89161 C89161

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 Belmont Ave St.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Washington Keys

(Residence in Baltimore: No. 2412 Belmont Ave, St.: abt 40 yrs. yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, ... Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, ... 73 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Rod Carrier

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Abram Keys

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Caroline Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Nellie Keys

(Address)... 1406 McElderry St

15- Filed OCT 27 1915, 191.. ROBERT . KRAUTER, Registrar. (Vital Statistics Clerk)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Oct. (Month) ..... 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1915, to Oct. 25, 1915, that I saw h im alive on Oct. 24 1915, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

(a) Bronchio-pneumonia

.....

.....

..... (Duration) ..... yrs. ..... mos. 2 da.

CONTRIBUTORY (Secondary) Contusion of Thigh

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) H. K. Steiner M. D.

Oct 26, 1915 (Address) 611 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Forest Cemetery	Oct. 27, 1915
20-UNDERTAKER	ADDRESS
C. E. Groll	1615 N. Eutaw St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89162 — 172 — REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Louis Hos St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Buchan

(Residence in Baltimore: No. 2640 E Hoffman St. [illegible] da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, ... March (Month) 25th (Day), 1848 (Year)

7-AGE, 67 yrs. 6 mos. 28 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Ships

9-BIRTHPLACE, (State or Country). Balto City Md

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Barker

(Address) 1620 N Washington St

15- OCT 27 1915 Filed ..... 191.... ROBERT J. KRAUSE, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Oct (Month) 25th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death (Inquest, autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull

Fell & struck head against [illegible]

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Edgar J. Russell (Coroner.) M. D.

Oct 27, 1915. (Address) 456 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? Harford Ave & Hoffman St

Former or usual residence 2640 E. Hoffman

19-PLACE OF BURIAL OR REMOVAL, Jerusalem Cem Belair Rd — DATE OF BURIAL, Oct 28, 1915

20-UNDERTAKER Robt J. Turner — ADDRESS 1441 N Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

C89163 C89163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 E. Hill ST.: 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel A. Faulkner

(Residence in Baltimore: No. 10 E Hill St.: 21 yrs.. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, Apr (Month) 22 (Day), 1857 (Year)

7-AGE, 58 yrs. 6 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): P.R.R. shops

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, James Faulkner

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jane Hamilton

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Faulkner

(Address) 10 E. Hill st

15- BUREAU OF STATISTICS

Filed OCT 27 1915 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 25 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1914, to Oct 25 1915, that I saw h alive on Oct 24 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

Oct 27, 191 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral. DATE OF BURIAL. Oct 27, 1915.

20-UNDERTAKER Mr. F. A. Krauce ADDRESS 703 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(89164) 90 (89164)

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 328 Augusta Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Pulley

(Residence in Baltimore: No. 328 Augusta Ave St.; 50 yrs.. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 4th (Day), 1857 (Year)

7-AGE, 58 yrs. 5 mos. 21 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Bernhard Timm

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Julia Schwartz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amanda Waldschmidt

(Address) 328 Augusta Ave.

15- OCT 27 1915 Filed....., 191.... Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 25th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1913, to October 1915, that I saw h[illegible] alive on Oct. 25 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

.....

Chronic Bronchitis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary).....

(Duration) yrs. mos. ds.

(Signed) Louis W. Knight M. D.

Oct. 27, 1915. (Address) 414 N. Greene St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem.	Oct 28, 1915
20-UNDERTAKER	ADDRESS
H. Sander Sons	1710 Pearl St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 77

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 W. Biddle St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward McCallum

(Residence in Baltimore: No. 225 W. Biddle St.; 15 yrs., \ mos., \ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1870 (Year)

7-AGE, 45 yrs. \ mos. \ ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Dept Store

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Miller McCallum

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Patience Vincent

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mollie Lee (Sister)

(Address) Charlottesville Va.

15- Filed OCT 27 1915, 191. [illegible] Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 26 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct. 4 1915, to Oct 25 1915, that I saw him alive on Oct 25 1915, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) yrs. mos. 8 ds.

(Signed) R. Garland Ahrens M. D.

Oct 26, 1915 (Address) 424 East 23 St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem'

DATE OF BURIAL, Oct 27, 1915

20-UNDERTAKER George H. Holland

ADDRESS 617 Riedt.

Spec.—8-24-14—M. & T.—2000 Bks.

C89166

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89166

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Hudson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miana Belle Dorsey

(Residence in Baltimore: No. 2901 Hudson St.; 5 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... May (Month) 25 (Day) 1866 (Year)

7-AGE,	If LESS than 1 day,
60 yrs. ..... mos. ..... ds.	....hrs. or....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Levin Miles

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Milka A Mine

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John J. Fields

(Address)..... 1202 W. Fremont

15-

Filed OCT 27 1915, 191.. HARRY O. ANDREWS, Serial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Oct 25 1915, that I saw h[er] alive on Oct 21 1915, and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

.....

Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) ..... M. J. McAvoy ..... M. D.

Oct 26, 1915. (Address) 839 S. Ellwood av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mount Carmel	Oct 28, 1915.
20-UNDERTAKER	**ADDRESS**
John J. Fields	1202 W Fremont

C89167

HEALTH DEPARTMENT---CITY OF BALTIMORE

C89167

CERTIFICATE OF DEATH

Registered No. C 9

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Herbert St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma Fleetwood

(Residence in Baltimore: No. 2119 Herbert St. St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: August (Month) 29 (Day) 1912 (Year)

7-AGE: 3 yrs. 1 mos. 27 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: William Fleetwood

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Ette Kealbaugh

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Fleetwood

(Address) 2119 Herbert St

15- Filed OCT 27 1915, 191

HARRY O ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 26 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 20, 1915, to, October 26 1915, that I saw h.. alive on October 26 1915, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(Duration) yrs mos. 6 ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) R. O. Sellman M. D.

October 26, 191 5. [Address] 2018 W North ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence do

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Chapel Balto DATE OF BURIAL: Oct 28, 191

20-UNDERTAKER: M Fahey & Sons ADDRESS: 606 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C89168

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89168

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 Cleveland ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs George Smoot.

(Residence in Baltimore: No. 1144 Cleveland St St.; yrs. 3 mos. 6 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 20 1915 (Month) (Day) (Year)

7-AGE, 3 yrs. 6 mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Geo W Smoot

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Minnie Stella Graves

13-BIRTHPLACE OF MOTHER (State or Country), Balto md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W Smoot

(Address) 1144 Cleveland St.

15- OCT 27 1915 Filed, 191 Registrar. ROBERT O. ARMACOST, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 26, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 24 1915, to Oct 26 1915, that I saw h[illegible] alive on Oct. 25th 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 1 mos. da.

(Signed) Shepherd Graves, M. D.

Oct 27 1915. (Address) 1727 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Sunday DATE OF BURIAL, Oct. 28, 1915

20-UNDERTAKER George J Smith ADDRESS 1000 W Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Birth Registered as F. Harnick,
May. 12th. 1915 B-12612

C89169

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

1 PLACE OF DEATH — REGISTERED NO. C89169

CITY OF BALTIMORE: (No. 1617 Cuba ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Frank Hornock

(Residence in Baltimore: No. 1617 Cuba St.; yrs. 5 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: May (Month) 13 (Day) 1915 (Year)

7-AGE: yrs. 5 mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto., Md

PARENTS

10-NAME OF FATHER: Anton Hornock

11-BIRTHPLACE OF FATHER (State or country): Bohemia

12-MAIDEN NAME OF MOTHER: Frances Hornock

13-BIRTHPLACE OF MOTHER (State or country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anton Hornik

(Address) 1617 Cuba St.

15- Filed OCT 27 1915, 191 — Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 26 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1915, to, Oct 26 1915, that I saw him alive on Oct 22 1915, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Inanition

(Duration) yrs 5 mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed), Hubert G. Knapp, M. D.

Oct 27 1915 [Address] 1716 E. Pratt St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery — DATE OF BURIAL: Oct 27, 1915

20-UNDERTAKER: H. & M. G. Flynn — ADDRESS: 1420 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

089170

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH The Bradley Hellman San. 120 REGISTERED No. C 089170

CITY OF BALTIMORE (No. 2724 Charles St ST.: 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louise Bunn

(Residence in Baltimore: No. 19 E Fort Ave St.: 49 yrs. 9 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH January 19, 1866 (Month) (Day) (Year)

7 AGE 49 yrs. 9 mos. 6 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jacob Gook

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Heiser

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. Bunn

(Address) 1 E 20 & 6 Charles St

15 Filed OCT 27 1915 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 25, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16th, 1915, to, Oct 25 1915, that I saw h[er] alive on Oct 25th, 191 , and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interst Nephritis

(Duration) yrs. mos. 9 ds

Contributory (SECONDARY) Mitral Regurg & Aortic Regurg

(Duration) yrs. mos 9 ds.

(Signed) Chas A Horn M. D.

Oct 25, 191 5 (Address) 20 E 25 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 2 ds. In the State 49 yrs. 9 mos. 6 ds.

Where was disease contracted, if not at place of death? 19 E. Fort ave.

Former or usual residence 19 E. Fort ave.

19 PLACE OF BURIAL OR REMOVAL Holy Cross C.A. Co. DATE OF BURIAL Oct 28, 1915

20 UNDERTAKER H. F. M. L. Flynn ADDRESS 1412 Light St.

C89171

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 C89171

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1509 Burrough ST. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Frank Alexander

(Residence in Baltimore: No. 1509 Burrough St.: 2 yrs. 8 mos. 26 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: Jan. (Month) 30 (Day), 1913 (Year)

7. AGE: 2 yrs. 8 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Balto. Md.

PARENTS

10. NAME OF FATHER: Frank Alexander

11. BIRTHPLACE OF FATHER (State or country): Balto. Md

12. MAIDEN NAME OF MOTHER: Mary Stanke

13. BIRTHPLACE OF MOTHER (State or country): Balto. Md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Alexander

(Address) 1509 Burrough

15. Filed OCT 27 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 26 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1915, to Oct 26 1915, that I saw him alive on Oct 26, 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY): Acute Parenchymatous Nephritis

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) B H Streett M. D.

Oct 27, 191 5 (Address) 431 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Holy Rosary Cemetery — DATE OF BURIAL: Oct 27, 191 5

20. UNDERTAKER: H & M J. Flynn — ADDRESS: 1422 Lyndale

Spec.—8-24-14—M. & T.—2000 Bks.

(89172)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 (89172)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 S Broadway ST.; V WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. J Zizinski (Thomas J. Tuszynski)

(Residence in Baltimore: No. 706 S. Broadway St.; yrs. 1 mos. 9 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 19 (Day), 1915 (Year)

7-AGE, yrs. 1 mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Tuszynski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Joanna Killowski

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Tuszynski

(Address) 708 S. Broadway

15-

Filed OCT 27 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 27 (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 22 191.., to Oct 27 191.., that I saw h— alive on Oct 27 191.., and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

I
Congenital Weakness
(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. A. Valentine M. D.

Oct 27, 191.. (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Oct 29, 191..

20-UNDERTAKER William Fiallowski

ADDRESS 610 Eastern Ave.

Spec.—5-19-13—M. & T.—500 Bks.

C89173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

C89173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2155 Hallins ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Harden

(Residence in Baltimore: No. 2155 Hallins St.; 4 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. Nov. (Month) 5th (Day), 1834 (Year)

7-AGE. 80 yrs. 11 mos. 20 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) England.

PARENTS.

10-NAME OF FATHER. William —

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Mary Roberts

13-BIRTHPLACE OF MOTHER (State or Country). Cornwall England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W.C. Harden

(Address) Ethan, Md.

15-
OCT 27 1915
Filed ..... 191.....
ROBERT O ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. (Month) 25th (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 1913, to Oct. 25 1915, that I saw her alive on Oct. 25th 1915, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:
Cystic Tumor. Filling up Abdomen

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Grad. weakening Pleurisy

(Duration) 3 yrs. mos. ds.

(Signed) Ed Buck M. D.

Oct 26, 1915. (Address) 1605 N North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

In place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. State Forest Cemetery Md

DATE OF BURIAL. Oct 27, 1915

20-UNDERTAKER Henry M Cole

ADDRESS 88 Smallwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

(89174

HEALTH DEPARTMENT—CITY OF BALTIMORE

(89174

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 2017 W Baltimore St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob H Miller

(Residence in Baltimore: No. 2017 W Baltimore St. Life time. Mos. Hos.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

~~SINGLE~~ MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH October 26, 1837
(Month) (Day) (Year)

7-AGE, 78 yrs. — mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth M Miller

(Address) 2017 W Balto St

15- Filed OCT 27 1915, 191.... HARRY O ANDREWS REGISTRAR OF VITAL STATISTICS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 25th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 24th 1915, to Oct 26th 1915, that I saw h in alive on Oct 26th 1915, and that death occurred, on the date stated above, at 11.P m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. H. L. Murray M. D.

Oct 27, 191.5. (Address) 510 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Oct. 28 1915.

20-UNDERTAKER Geo. A. Gorby — ADDRESS Baltimore & Payson St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89175 C89175

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Carrow ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm C. Hirsh

(Residence in Baltimore: No. 1207 Carroll St.; 6 yrs., 9 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January 17, 1909.
(Month) (Day) (Year)

7-AGE, 6 yrs. 9 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Boston Mass

PARENTS.

10-NAME OF FATHER, Geo A Hirsh

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Augusta Konradi

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Hirsh

(Address) 1207 Carroll St

15-

Filed OCT 27 1915, 191. MARY O ARMIGER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 26 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 191 , to Oct. 26 191 ,

that I saw him alive on Oct 26 191 ,

and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

Paralysis of Heart,

6 hours /
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Coasphyxia, Bronchitis 15 hours

(Duration) ... yrs. 1 mos. ... ds.

(Signed) Rupert D Allen M. D.

Oct 27, 1915. (Address) 1427 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, Oct 28 1915

20-UNDERTAKER Robt S. Little — ADDRESS 531 N Fremont Ave

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83175

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

C83176

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4 E Montgomery St. 22 WARD)

2-FULL NAME George W Hardesty

(Residence in Baltimore: No. 4 E Montgomery St.: 14 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Married

6-DATE OF BIRTH January 28, 1860 (Month) (Day) (Year)

7-AGE 55 yrs. 9 mos. 29 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Iron Enameling.

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: William Hardesty

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth Lyles

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Agnes Hardesty

(Address) 4 E Montgomery St

15. OCT 28 1915 ROBERT ... STAR, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH October 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 1, 1915, to. October 26 1915, that I saw him alive on Oct 23 rd, 1915, and that death occurred, on the date stated above, at 7. A. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. 10 ds

Contributory (SECONDARY) Mitral Insufficiency

(Duration) yrs. 2 mos. ds.

(Signed) G A Dupton M. D.

Oct 27, 1915. (Address) 301 East Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Owings Sta Calvert Co Md.	Oct 29 1915
20-UNDERTAKER	ADDRESS
Mrs J. E. Evans Son	1428 S. Charles

C89177 C89177

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

122

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. (Phipps Psych. Clinic) (WARD)

2-FULL NAME Elizabeth Woods

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 713 N. Howard ST. St.; 20 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female | 4-COLOR OR RACE: white | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: September (Month) 6 (Day) 1864 (Year)

7-AGE: 51 yrs. 1 mos. 15 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Harford Co. Md.

PARENTS

10-NAME OF FATHER: William Ashton

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Rebecca Sheets

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry C. Woods

(Address) 713 N Howard

15- Filed OCT 28 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 26 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1915, to, Oct. 26 1915, that I saw h.R. alive on Oct. 25 1915, and that death occurred, on the date stated above, at 8.35 p. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Hypertension

cerebral (Duration) ... yrs. ... mos. 5 ds.

Contributory (SECONDARY) Arterio-sclerosis; hypertension, vascular disease of kidney (Duration) 2 yrs. ... mos. ... ds.

(Signed) Roscoe W. Hall M. D.

Oct 27. 1915. [Address] Johns Hopkins Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. 10 ds. In the State 51 yrs. 1 mos. 15 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 713 N. Howard ST. Balt.

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 30 1915

20-UNDERTAKER: Wm. Cook — ADDRESS: 502 E North Ave

8 C89178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Louis Hosp St. 9 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A King

(Residence in Baltimore: No. 2636 Harford ave St.; (yrs., 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, November, 26, 1883
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
32 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: R R Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie K King

(Address) 2636 Harford Ave

15- Filed OCT 28 1915, 191. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 26th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Fall from the top of a car

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edgar A Poe M. D.
(Coroner.)

Oct 28th, 1915 (Address) 15 E. Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2636 Harford Ave., Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cem	Oct 28 1915
20-UNDERTAKER Williams Cook	ADDRESS 502 E North ave

N.B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89179 C89179

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Aliceanna ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Piechowiak

(Residence in Baltimore: No. 1710 Aliceanna St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Fem	White	Single

6-DATE OF BIRTH. Nov. (Month) 24 (Day) 1914 (Year)

7-AGE. yrs. 11 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Michael Piechowiak

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Martha Pask

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr & Mrs Piechowiak

(Address) 1710 aliceanna St

15- OCT 28 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 25 191 5, to Oct 27 191 5, that I saw h[illegible] alive on Oct 26 191 5, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) A T Rees M. D.

Oct 27, 1915. (Address) 24 S Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary Cem	Oct 28, 1915
20-UNDERTAKER	ADDRESS
Stephen J Frolkowski	1019 E. Fayette

Copy

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(89180) 119 (89190)

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 S. Milton Ave Ward 1)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bronislawa Wisniewska

(Residence in Baltimore: No. 830 S. Milton Ave Ward 21 yrs. — mos. — ds.)

Known to Guardian Nurse as Bertha Fisher Wisieniewska

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 20 (Day), 1893 (Year)

7-AGE, 22 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Peter Gutowski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Anna Slominska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wladyslaw Wisniewski

(Address) 830 S. Milton Ave

15- Filed OCT 28 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 16 1915, to October 26 1915, that I saw her alive on Octob. 26 1915, and that death occurred, on the date stated above, at 3 30 p. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(Duration) yrs. Ca. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. [illegible] M. D.

Oct 26, 191 5 (Address) 2431 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem

DATE OF BURIAL, Oct 29, 191..

20-UNDERTAKER Stephen J Fialkowski

ADDRESS 1019 S. Kenwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C89181

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Vincents Infant Asy. (St.) 14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Marie Zientack

(Residence in Baltimore: No.) St. Vincents Infant Asylum (St.) (yrs.) 1 (mos.) 25 (ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 2 (Day), 1915 (Year)

7-AGE, ...yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1701 Division St

15- OCT 28 1915 Filed, 191.. Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1915, to Oct 27 1915, that I saw her alive on Oct 26 1915, and that death occurred, on the date stated above, at 4, a m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pan Co Enteritis

(Duration) yrs. 1 mos. ds.

(Signed) Wm L Fraley M. D.

Oct 27, 1915 (Address) 1223 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 25 ds. In the State yrs. 4 mos. 25 ds.

Where was disease contracted, if not at place of death? St Vincents Inf Asylum

Former or usual residence St Vincents Inf Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, Oct 28, 191..

20-UNDERTAKER M Fahey & Sons ADDRESS 600 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 089182 152 089182

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Shields Alley (St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Floyd.

(Residence in Baltimore: No. 1009 Shields alley St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE Black | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, 10 - 25, 1915 (Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 2 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Charles Floyd.

11-BIRTHPLACE OF FATHER (State or Country), Md. C.

12-MAIDEN NAME OF MOTHER Helen Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles F. Floyd

(Address) 1009 Shields al

15. OCT 28 1915 ROBERT KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 - 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-25 1915, to 10-27, 1915, that I saw he alive on 10-27 1915, and that death occurred, on the date stated above, at 5 30 m.,

The CAUSE OF DEATH* was as follows: Congenital Debility

Hemophelia (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemophilia

(Duration) yrs. mos. 1 ds.

(Signed) P. L. Rusk M. D.

10-27, 1915 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Cem	Oct 28, 1915
20-UNDERTAKER Daniel Easton	ADDRESS 916 Du Arc

C89183

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89183

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (Woodbury) REGISTERED No. C 29

CITY OF BALTIMORE (No. Mt Vernon Railroad Shops 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Braden

(Residence in Baltimore: No. 2422 McCulloh St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 7 (Day), 1859 (Year)

7-AGE. 56 yrs. 4 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) (Railroad Shops)

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER. Robert Braden

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. F. Braden

(Address) 2422 McCulloh St

15- ROBERT J. KRAUTER, Burial Permit Clerk.

Filed OCT 28 1915, 191.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. October (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. ds.

(Signed) Wm. H. Lawrence M. D. (Coroner.)

Oct. 28, 1915. (Address) 1734 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Oct 29, 1915

20-UNDERTAKER John Hannan Son

ADDRESS 97 Holliday

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89181 C89181

CERTIFICATE OF DEATH.

REGISTERED NO. C 41

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Woman's Hospital ST.; 15 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Flora Eytinge

(Residence in Baltimore: No. 1610 Maryland Ave, City St.; 38 yrs. 7 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH: ..... (Month) Oct (Day) 1st (Year) 1877

7-AGE.	If LESS than 1 day,
38 yrs. 7 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore, Md

PARENTS.

10-NAME OF FATHER: Henry Eytinge

11-BIRTHPLACE OF FATHER (State or Country): Baltimore, Md

12-MAIDEN NAME OF MOTHER: Bertha Nachman

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Phil Eytinge

(Address): 1610 Maryland Ave

15-

Filed OCT. 28 1915 191... ROBERT . KRAUTER, Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 24 1915, to Oct 27 1915, that I saw h.. alive on Oct 27 1915, and that death occurred, on the date stated above, at 2:45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(Duration) ? yrs. ? mos. ..... ds.

CONTRIBUTORY (Secondary) Post-Operative Shock (Resection Colon Partial)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

10/27/15, 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 38 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1610 Maryland Ave

19-PLACE OF BURIAL OR REMOVAL, West Shalom — DATE OF BURIAL, Oct. 29, 1915

20-UNDERTAKER Laura Sondheim — ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

89185

HEALTH DEPARTMENT—CITY OF BALTIMORE

89185

CERTIFICATE OF DEATH.

10 REGISTERED NO. C.....

1-PLACE OF DEATH 1617 N Caroline St

CITY OF BALTIMORE: (No. 1617 N Caroline ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilles B. Shaw

(Residence in Baltimore: No. 1617 N. Caroline St.; 28 yrs. 5 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. May 11th, 1887 (Month) (Day) (Year)

7-AGE. 28 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Flour
(b) General nature of industry, business, or establishment in which employed (or employer). Merchant

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Gilles J. Shaw

11-BIRTHPLACE OF FATHER (State or Country). Balto.

12-MAIDEN NAME OF MOTHER Mary E. Garrett

13-BIRTHPLACE OF MOTHER (State or Country). Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gilles J. Shaw

(Address) 1617 N. Caroline St

15- Filed OCT 28 1915, 191... ROBERT . KRAUTER, Special Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 18 1915, to Oct 27 1915, that I saw him alive on Oct 27 1915, and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

..... (Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ....yrs. ....mos. 9 ds.

(Signed) C. C. Macdonald M. D.

Oct 27, 1915. (Address) 1542 E. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. DATE OF BURIAL. 10/29 1915.

20-UNDERTAKER. Chas. H. Connelly & Son ADDRESS 1811 N. Howard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 — 104

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3528 Bonner ST.: 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Trefett

(Residence in Baltimore: No. 3528 Bonner St.; yrs., mos. 10 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.): Single

6-DATE OF BIRTH: June 7, 1915 (Month) (Day) (Year)

7-AGE: ....yrs. 5 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Clarance Trefett

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Bessie Jewell

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Trefett

(Address) 3528 Bonner St

15- OCT 28 1915 Filed ....., 191.....

Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harry C. McGuire M. D. (Coroner)

Oct 28 1915. (Address) 3640 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, Oct 29 19 15

20-UNDERTAKER Chenoweth & Son — ADDRESS Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89187 50 C89187

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Mercy Hospital St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Sullivan

(Residence in Baltimore: No. 3501 Cedar Ave St.; Fife yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Dec 15, 1883
(Month) (Day) (Year)

7-AGE. 31 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Mycajah Shipley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Margrette Peirce

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Sullivan

(Address) 3501 Cedar Ave

15- Filed OCT 28 1915, 191... ROBERT . KRAUTER, Social Service Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 26, 15, 191...
(Month) (Day)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 24 191 5, to Oct. 26 191 5, that I saw her alive on Oct. 26, 191 5, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) S. Frank M. Magee M. D.

Oct. 26 191 5. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 3501 Cedar ave.

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden — DATE OF BURIAL, Oct 29 191 5

20-UNDERTAKER Thurnow & Son — ADDRESS 1525 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89188 C89188

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home & Infirmary ST.: 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Shipley

(Residence in Baltimore: No. 2953 Bernard St.: Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Married

6-DATE OF BIRTH, ... January ....., 1 ..... (Month) (Day) (Year)

7-AGE, 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Cast House

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER, Absiton Shipley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Ebaugh

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Shipley

(Address) 2953 Bernard St

15- Filed OCT 28 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to Oct 27 1915, that I saw h alive on Oct 27 1915, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) G. A. Baetjer M. D.

Oct 27, 1915 (Address) The Church Home Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 25 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence 2953 Bernard St.

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL. Oct 30, 1915

20-UNDERTAKER Schenowith & Chestnut — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89189

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C89189

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2801 Hampden St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Luella (Mrs. Chas.) Chalk.

(Residence in Baltimore: No. 2801 Hampden St. St.: 1 yrs. 5 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May (Month) 2 (Day), 1914 (Year)

7 AGE: 1 yrs. 5 mos. 25 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md. Balto.

PARENTS

10 NAME OF FATHER: Wm L. Chalk.

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Cecelia Chalk.

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Chalk

(Address 2801 Hampden St.

15 Filed OCT 28 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 27 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1915, to Oct 26 1915, that I saw her alive on Oct. ..., 1915, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum.

(Duration) ... yrs. ... mos. 5 ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Richard L. Harley M. D.

Oct ..., 1915 (Address) 351/2 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Md

DATE OF BURIAL: Oct 29, 1915

20 UNDERTAKER: Chenoweth Son

ADDRESS: Chestnut Ave

C89190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1918

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1623 Mc Henry St. 19 WARD)
REGISTERED No. C89190

2-FULL NAME Ruth Anna Babel.

(Residence in Baltimore: No. 1623 Mc Henry

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs., — mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, Oct. (Month) 2nd (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
...yrs. ...mos. 25 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Adolph Babel

11-BIRTHPLACE OF FATHER (State or Country), Railway N. J.

12-MAIDEN NAME OF MOTHER Ruth Anne Little

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Adolph Babel
(Address) 1623 Mc Henry St.

15-
Filed OCT 28 1915, ROBERT V. KRAUTER, Special Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 27th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Unknown Sudden

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Sam'l H. Gundry M. D.
(Coroner)
Oct. 28th, 1915. (Address) 2302 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
London Park Cem.	Oct. 28, 1915
20-UNDERTAKER	ADDRESS
Jos B Cook	1003 W Bals St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(89191

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

(89191

9

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth Home St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Stalings

(Residence in Baltimore: No. St. Paul St.; 3 yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	colored	single

6-DATE OF BIRTH: Sept (Month) 10 (Day) 1912 (Year)

7-AGE: 3 yrs. 1 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER 2

11-BIRTHPLACE OF FATHER (State or country) 2

12-MAIDEN NAME OF MOTHER 2

13-BIRTHPLACE OF MOTHER (State or country) 2

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15 OCT 28 1915 Filed ....., 191 .....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 26 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1914, to Oct 26 1915, that I saw h.im alive on Oct 26 1915, and that death occurred, on the date stated above, at ..... P. m.

The CAUSE OF DEATH* was as follows:

Acute miliary Tuberculosis

(Duration) ..... yrs ..... mos. 2 ds.

Contributory (SECONDARY) Glandular T. B.

(Duration) 2. yrs 9 mos. ..... ds.

(Signed) Edgar B. Friedenwald M. D.

Oct 27, 1915 [Address] 1610 Linden Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 1 yrs 0 mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S. DATE OF BURIAL: OCT 28 1915 191

20-UNDERTAKER: Health. ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9192 90 C89192

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 533 N. Bond ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Luella Brown

(Residence in Baltimore: No. 533 N. Bond St.; ....yrs., mos. 39 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 17, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Steven Brown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Florence Glow

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Brown

(Address) 533 N. Bond St.

15- OCT 28 1915 HARRY J. ANDREWS, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1915, to Oct. 26 1915; that I saw her alive on Oct. 26 1915; and that death occurred, on the date stated above, at 1130 p. m.

The CAUSE OF DEATH* was as follows:

Marasmus

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

..... (Duration) ....yrs. ....mos. 3 ds.

(Signed) J. C. Robinson M. D.

Oct. 28, 1915 (Address) 611 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Oct. 28, 191.5

20-UNDERTAKER Harry A. Vodrey ADDRESS 1725 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

089193

089193

REGISTERED No. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 W Camden ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl J. Seibert

(Residence in Baltimore: No. 121 W. Camden St.; 1 yrs., 1 mos. 4 da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 23 (Day), 1914 (Year)

7-AGE, 1 yrs. 1 mos. 4 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John F Seibert

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Emma Baugo

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F Seibert

(Address) 121 W. Camden

15- Filed OCT 28 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1915, to Oct 27 1915, that I saw her alive on Oct 26 1915, and that death occurred, on the date stated above, at 7:40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteric Intoxication
(Cholera infantum)

(Duration) — yrs. — mos. 3 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) E. White Wyatt M. D.

Oct 27 1915 (Address) 35 E. Montgomery St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 11 mos. da. In the State 1 yrs. 1 mos. 4 da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Oct 29, 1915

20-UNDERTAKER William Cook — ADDRESS 502 E North

C89194

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C89194

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1420 E. Chase St. WARD) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Meyer

(Residence in Baltimore: No. 1420 E. Chase St. St.; 69 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July — 27 (Day) 1845 (Year)

7-AGE: 70 yrs. 3 mos. — ds. If LESS than 1 day, — hrs., or — min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Bavaria

PARENTS

10-NAME OF FATHER: — Unkel back

11-BIRTHPLACE OF FATHER (State or country): Bavaria

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Bavaria

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) John H. Meyer

(Address) 1420 E. Chase St

OCT 28 1915 Filed 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 27 (Month) (Day) 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 6, 191 — to, Oct 27 191 5, that I saw h[er] alive on Oct 26 191 5, and that death occurred, on the date stated above, at 6:25 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

ubl (Duration) 1 yrs. — mos. ds.

Contributory (SECONDARY) Acute Pneumonia

(Duration) — yrs. — mos. 21 ds.

(Signed) A. [illegible] M.D.

Oct 27, 191 5 [Address] 1318 E. Chase St.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross. A.A. Co. — DATE OF BURIAL: 10-29-15

20-UNDERTAKER: E. B. Harle — ADDRESS: 1115 E. Pres. St.

Spec.—8-24-14—M. & T.—2000 Bks.

C89195

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89195

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 S. Paca ST. 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Penington

(Residence in Baltimore: No. 907 S. Paca St.; yrs., 7 mos. 8 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 20, 1908
(Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS

10-NAME OF FATHER, A. H. Penington

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Beltzhoover Wilkins

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. H. Penington

(Address) 907 S. Paca St

15- OCT 28 1915. HARRY O. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 24 191 5, to Oct 28 1915, that I saw h[illegible] alive on Oct 27 1915, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) W. H. Welch M. D.

Oct 28, 1915. (Address) 1211 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mount Olivet Cem

DATE OF BURIAL, Oct 29, 1915

20-UNDERTAKER J. S. Jones Sons & Son

ADDRESS 217 S. Pac

C89196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 C89196

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Pronounced dead) Mercy Hospital ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Mitchell

(Residence in Baltimore: No. 2608 Pennsylvania Ave St.; yrs., 29 mos. 27 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, January 29, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 9 mos. 27 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Architect
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS

10-NAME OF FATHER. Milton Mitchell

11-BIRTHPLACE OF FATHER (State or Country). Baltimore City

12-MAIDEN NAME OF MOTHER Martha A. Peterson

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Little

(Address) 531 N. Fremont St.

15- OCT 28 1915 HARRY O ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (~~Inquest~~, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (~~Inquest~~, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute cardiac dilatation
(Duration).....yrs.....mos.....da.
CONTRIBUTORY (Secondary) Probably myocarditis
(Duration) ? yrs. mos. da.

(Signed) Geo. H. Blackburne M. D.
(Coroner.)
Oct. 28, 1915 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, Oct. 29 1915

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont

(over)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89197

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89197

J

1 PLACE OF DEATH — REGISTERED No. C 92

CITY OF BALTIMORE (No. 829 George St. ST.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Lila Orrson

(Residence in Baltimore: No. 829 George St. St.: 36 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6 DATE OF BIRTH July (Month) 12 (Day), 1863 (Year)

7 AGE 52 yrs. 3 mos. 16 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Grocery
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) York - Pa

PARENTS

10 NAME OF FATHER Jachanes Lucus

11 BIRTHPLACE OF FATHER (State or country) Penna

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ler W. Little

(Address) 531 N. Fremont Ave

15 OCT 28 1915 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October (Month) 28 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 22d, 1915, to Oct. 28th 1915, that I saw h[illegible] alive on Oct 27, 1915, and that death occurred, on the date stated above, at 8. A m.

The CAUSE OF DEATH* was as follows:

Lobor Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robt J. Murray M. D.

Oct 28, 1915 (Address) 510 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Westernview — DATE OF BURIAL Oct 31, 1915

20 UNDERTAKER Ler W. Little — ADDRESS 531 N. Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89193

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

C89193

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. Hebrew Hospital ST.: 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Kramer

(Residence in Baltimore: No. 1311 E. Lombard. St.: 8 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Unknown (Month), (Day), 1907 (Year)

7-AGE: 8 yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Dave Kramer

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Jennie Graff

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dave Kramer

(Address) 1311 E Lombard st

15. Filed OCT 29 1915 ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 28th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 18 1915. to. October 28 1915.
that I saw her alive on October 28 .1915.
and that death occurred, on the date stated above, at 8 45 m.
The CAUSE OF DEATH* was as follows:

Pulmonary Stenosis
Ductus Arteriosus
(Congenital)
(Contributory remote(s)) (Duration) 1 yrs. 4 mos. ds

Contributory (SECONDARY) Acute Oedema of the Lungs (Duration) yrs. mos. 2 ds.

(Signed) M. Raskin M.D.
Oct 28th, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. 10 ds. In the State 7 yrs. mos. ds.
Where was disease contracted, if not at place of death? 1311 E Lombard
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel Cemetery
DATE OF BURIAL: Oct 29 1915

20-UNDERTAKER: J. Lennard Bro
ADDRESS: 1101 E Baltimore

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C89199

CERTIFICATE OF DEATH.

120

C89199

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1101 E Federal ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Atchison

(Residence in Baltimore: No. 1101 E Federal St.: 40 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb (Month) 27 (Day), 1851 (Year)

7-AGE, 64 yrs. 8 mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Chester Co. Penna

PARENTS.

10-NAME OF FATHER, Thomas Neal

11-BIRTHPLACE OF FATHER (State or Country), Chester Co Pa

12-MAIDEN NAME OF MOTHER Katharine Henigan

13-BIRTHPLACE OF MOTHER (State or Country), Chester Co Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Kuhl

(Address) 1101 E. Federal St.

15- OCT 29 1915 ROBERT . KRAUTER,

Filed ....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 27th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 8th 1915, to Oct 27th 1915, that I saw h- alive on Oct 26th 1915, and that death occurred, on the date stated above, at 1.15A m.

The CAUSE OF DEATH*-was as follows:

Chr. Parenchymatous Nephritis

(Duration) unknown yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) [illegible] M. D.

Oct 28th, 1915 (Address) 2544 St. Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Oct. 29, 1915

20-UNDERTAKER William Cook — ADDRESS 502 C North

Spec.—8-24-14—M. & T.—2000 Blks.

8 C89200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C89200

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N. Washington St.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Cook

(Residence in Baltimore: No. 521 N. Washington St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 13, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 5 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 5 years
(b) General nature of industry, business, or establishment in which employed (or employer): Police, Balto City

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, George Cook

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Wright

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria D. Cook

(Address) 521 N. Washington

15. OCT 29 1915 ROBERT GRAETER, Registrar.

Filed....., 191... Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 12 1915, to Oct 26 1915, that I saw h.m alive on Oct 26 1915, and that death occurred, on the date stated above, at 9 15 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 10 Minutes mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Arteriosclerosis (Duration) yrs. mos. ds.

(Signed) Alan B Lemon M. D.

Oct 27, 191... (Address) 718 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cat Lawn — DATE OF BURIAL, Oct 29, 1915

20-UNDERTAKER H. Sanders & Sons — ADDRESS 720 East St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C89201 79 C89201

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1464 Montpelier ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie I Parsons

(Residence in Baltimore: No. 1464 Montpelier St.; 69 yrs. 11 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November (Month) 20 (Day), 1845 (Year)

7-AGE, 69 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Harris

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Maria Glen

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H. Gale

(Address) 3003 W. North Ave.

15- Filed OCT 29 1915, 191.., for Burial Permit. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 1915, to Oct. 28 1915, that I saw her alive on Oct. 28 1915, and that death occurred, on the date stated above, at 7.45 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D Lee M. D.

Oct. 28, 191.. (Address) 540 E. 22 St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Garrison Cem Co. DATE OF BURIAL, Oct 31..., 1915

20-UNDERTAKER McCord ADDRESS 501 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

174

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hospital, WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Kastel

(Residence in Baltimore: No. 907 Ridgley) S[illegible] yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1891 (Year)

7-AGE,	If LESS than 1 day,
24 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tool Grinder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Fred. Kastel

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Ann Bonberger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ann Kastel

(Address) 907 Ridgely St.

15- Filed OCT 29 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 26th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by emery wheel when it burst Accidant (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured Skull (Duration) yrs. mos. ds.

(Signed) Sam'l Winters M. D. (Coroner)

Oct. 28th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. In the State 24 yrs. mos. ds.
Where was disease contracted, if not at place of death? Accidental
Former or usual residence 907 Ridgley St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct 30, 1915

20-UNDERTAKER Lou Cook — ADDRESS 502 E North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89203 × 114 C89203

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Martin

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, June, 1863
(Month) (Day) (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, John Mullen

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Horn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed OCT 29 1915 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 1915, to Oct 29 1915, that I saw her alive on Oct 29-15. 191..., and that death occurred, on the date stated above, at 5.55 A m.

The CAUSE OF DEATH* was as follows:

Gall Stones in Common Duct

..... (Duration) ..... yrs. 4 mos ++ ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Post Operative

..... (Duration) ..... yrs. ..... mos. 7 ..... ds.

(Signed) G. K. Rhoads M. D.

Oct. 21., 191.5. (Address) J. Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Westernport Md.

19-PLACE OF BURIAL OR REMOVAL, Piedmont W Va — DATE OF BURIAL, 10/29/15 191...

20-UNDERTAKER Gospel Tabernacle — ADDRESS Fulton & Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89204 C89204

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH — Registered No. C.....

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mcearn

(Residence in Baltimore: No. Little Sisters of the Poor St.; abt 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE MARRIED WIDOWED OR DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: unknown (Month) (Day), 1 (Year)

7-AGE: 71 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Richard Secton

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Noonan

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed OCT 29 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct 28 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from No Record, 191..., to, 191...,
that I saw h. Lr. alive on Oct 23 1915,
and that death occurred, on the date stated above, at 8.30 a.m.
The CAUSE OF DEATH* was as follows:

1 Broncho pneumonia

10 days (Duration) yrs mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) F A Browne M. D.

Oct 28 1915 [Address] 1133 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 2 yrs. 10 mos. ds. In the State abt 50 yrs. mos. ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Oct 29 1915

20-UNDERTAKER: H. C. Middlefield & Sons — ADDRESS: Greenmount

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89205 C89205

CERTIFICATE OF DEATH.

138

1-PLACE OF DEATH Franklin Square Hosp. REGISTERED NO. C

CITY OF BALTIMORE: (No. West End mental 90 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel F. Baldwin

(Residence in Baltimore: No. 114 Wilkins 61 abt. yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 14, 1897.
(Month) (Day) (Year)

7-AGE, 18 yrs. 9 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Hills Md.

PARENTS.

10-NAME OF FATHER. Henry Hillis

11-BIRTHPLACE OF FATHER (State or Country) Eng Franklin

12-MAIDEN NAME OF MOTHER Mulinton

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Baldwin

(Address) 114 Wilkens St.

15- OCT 29 1915 ROBERT . KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 26, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1915, to Oct 26 1915, that I saw her alive on Oct 26 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis
(Kidney of pregnancy)
(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uremia coma
(Duration) yrs. mos. 1 ds.

(Signed) Geo. H. Guard M. D.
Oct 27 1915 (Address) Franklin & Eutaw Sts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 114 Wilkens St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Oct 29, 1915

20-UNDERTAKER J. B. Hapgood — ADDRESS 2238 Fred'k Ave Ftd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 C89206

C89206

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1619 W. Lexington ST.: 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Ruth

(Residence in Baltimore: No. 1619 W Lexington St.: 52 yrs. 6 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): married ~~Widowed~~

6 DATE OF BIRTH: April 9 (Month) (Day), 1863 (Year)

7 AGE: 52 yrs. 6 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Groceries

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Jacob C. Ruth.

11 BIRTHPLACE OF FATHER (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frederick P. Ruth,

(Address) 1619 W. Lexington St

15 Filed OCT 29 1915, 191 ROBERT . KRAUTER, Registrar

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 26 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1915, to Oct 26 1915.
that I saw him alive on Oct 26, 1915.
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Prostate gland.
operation about 1 yr ago
(Duration) 2 yrs. ..... mos. ..... ds
Contributory (SECONDARY) asthenia
(Duration) ..... yrs. 6 mos. ..... ds.
(Signed) W. B. Lynch M. D.
Oct 27, 1915 (Address) 1905 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Oct 29, 1915

20 UNDERTAKER: Joseph B. Cook ADDRESS: 1003 W. Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 805 Whatcoat street, ST.: 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Tyler,

(Residence in Baltimore: No. 805 Whatcoat street, St.: yrs. 9 mos. 1 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, January (Month) 27th (Day), 1915. (Year)

7-AGE, 0 yrs. 9 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Thomas Tyler,

11-BIRTHPLACE OF FATHER (State or Country). Virginia,

12-MAIDEN NAME OF MOTHER Mildred Annison,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mildred Tyler, mother,

(Address) 805 Whatcoat street,

15- Filed OCT 29 1915, 191[illegible] NORBERT . KRAUTER, [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 28th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis et
Broncho-pneumonia,
(Duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Artificially fed,
(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Frederick Roemmel M. D.
(Coroner.)

Oct. 29, 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Oct 29 19 15
20-UNDERTAKER Sam'l H Chase Sons	ADDRESS 1700 Mosher

Spec.—8-24-14—M. & T.—2000 Blks.

C89203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Beverly ST.; 24 WARD)

REGISTERED No. C 1506 C89203

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Geraldine Harman

(Residence in Baltimore: No. 108 Beverly St.; ..... yrs., ... mos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Oct 19, 1915
(Month) (Day) (Year)

7-AGE. — yrs. — mos. 9 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto City

PARENTS.

10-NAME OF FATHER, John Harman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eva Weber

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Harman

(Address) 108 W. Beverly St.

15- Filed OCT 30 1915, 191.. NORBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 28, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1915, to Oct 28 1915, that I saw her alive on Oct 28 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Congenital malformation of Heart

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Prue Stiffler M. D.

10/28, 191.5 (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, Oct 30 191.5

20-UNDERTAKER W. F. McG. Flynn — ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C89209 C89209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl Hospital ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Angela Bandazza (Dinardo)

(Residence in Baltimore: No. 1119 Mc Elder St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female.	white	married

6-DATE OF BIRTH, Dec. — (Month) (Day), 1880 (Year)

7-AGE, 34 yrs. 10 mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy.

PARENTS.

10-NAME OF FATHER, Tony Bandazza

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Connita Lucia

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cettaniano Dinardo

(Address) 1119 Mc Elder St

15- Filed OCT 30 1915 191.... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 28 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1915, to Oct 28 1915, that I saw h.. alive on Oct 28 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Tubercular Peritonitis

(Duration) yrs. mos. ? da.

CONTRIBUTORY (Secondary) Gen. Cardiac dilatation

(Duration) yrs. mos. da.

(Signed) C. W. Hughes M. D.

Oct. 28, 1915. (Address) Md. Genl. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 da. In the State yrs. ? mos. da.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1119 Mc Elder St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Oct. 30, 1915.

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Harbor Hospital ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Haddra

(Residence in Baltimore: No. St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) ..... (Year)

7-AGE, 20 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Sailor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Dunkens

(Address) 1313 Division

15- OCT 30 1915 Filed ....., 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 23rd, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Sara M. D. (Coroner.)

Oct. 25 1915 (Address) 124 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. 1 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Fells Mtg Accomac Co Va

DATE OF BURIAL, Oct 30 ....., 19....

20-UNDERTAKER Samuel Hamilton

ADDRESS 5 Pro Bridge

Spec.—5-19-13—M. & T.—500 Blks.

C89211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C89211

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Sq. Hos. St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Katherine Hartman

(Residence in Baltimore: No. 210 S. Fremont. St.; — yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Octo (Month) 30. (Day) 1874 (Year)

7-AGE, 40 yrs. 11 mos. 29 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Annapolis Md

PARENTS.

10-NAME OF FATHER, Henry Brady

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Vollmon

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hartman

(Address) 210 S Fremont Ave.

15- OCT 30 1915 Filed....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1915, to Oct 29 1915, that I saw her alive on Oct 29 1915, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Uremic convulsion

(Duration) 1 yrs. mos. 1 da.

(Signed) Geo. C. Evans M. D.

Oct 29, 1915 (Address) Druid Hill Ave Nos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 da. In the State 40 yrs. 11 mos. 29 da.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 210 S. Fremont.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Oct. 31, 1915
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89212 HEALTH DEPARTMENT—CITY OF BALTIMORE C89212

CERTIFICATE OF DEATH. 33

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Universal Hosp ST.: 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Stokes

(Residence in Baltimore: No. 38 Railroad W Woodberry St.; ... yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1843 (Year)

7-AGE, 72 yrs. ~ mos. ~ ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Wm Feidert

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Mary Force

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Milton H. Easton

(Address). Ellicott City, Md.

15- Filed OCT 30 1915, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1915, to Oct 27 1915, that I saw h.. alive on Oct 24 1915, and that death occurred, on the date stated above, at 6.25 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hge

(Duration) ... yrs. 12 mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... 1 yrs. ... mos. ... ds.

(Signed) H. Easton Poulson M. D.

Oct 29, 1915. (Address) Union Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 7 mos. ... ds. In the State ~ yrs. ~ mos. ~ ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 38 Railroad W. Woodberry

19-PLACE OF BURIAL OR REMOVAL, Good Shepherd Howard Co — DATE OF BURIAL, Oct 31, 1915

20-UNDERTAKER Easton Sons — ADDRESS Ellicott City

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89213 C89213

CERTIFICATE OF DEATH.

66

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 448 N. Luzern Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Lahey

(Residence in Baltimore: No. 448 N. Luzern Ave St.; Life yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 17, 1859
(Month) (Day) (Year)

7-AGE, 56 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Commission
(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, M Lahey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Lahey

(Address) 448 N. Luzern Ave

15- OCT 30 1915 HARRY O. ANDREWS,

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH October 27, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 27 1915, to Oct 27 1915, that I saw h-in alive on " 27 1915, and that death occurred, on the date stated above, at 9 30 m.

The CAUSE OF DEATH* was as follows:

Paralysis

..... (Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.

Oct 29 1915. (Address) 16 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Oct 30, 1915.

20-UNDERTAKER Christian Miller — ADDRESS 2384 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C89214

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen O'Donnell

(Residence in Baltimore: No. 1929 Fairmount Ave. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH, Feb 5 (Month), (Day), 1915 (Year)

7-AGE, ...yrs. 8 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md (Balto City)

PARENTS.

10-NAME OF FATHER: [redacted] O'Donnell

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Carita Hanrahan

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Wells.

(Address) Johns Hopkins Hosp.

15-
Filed OCT 30 1915, 191..
HARRY O. ANDREWS,
Registrar.

Burial Permit 9101

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 25 1915 to Oct 28 1915, that I saw her alive on Oct. 28 1915, and that death occurred, on the date stated above, at 1.25 a. m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Interstinal Indigestion (Duration) ....yrs. 3 mos. ....ds.

(Signed) Gilbert W. Klemm M. D.

Oct 28, 1915 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 6 ds. In the State 8 yrs. 9 mos. 23 ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 1929 E Fairmount Ave

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL, Oct. 30, 1915

20-UNDERTAKER: Christian Miller — ADDRESS 2358 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89215 C89215

CERTIFICATE OF DEATH.

103

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Bats St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME Anna Lang

(Residence in Baltimore: No. 623 N Bats St.; 67 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April 8th, 1837
(Month) (Day) (Year)

7-AGE, 78 yrs. 6 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Dorn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Lang

(Address) 623 N. Bats St.

15- OCT 30 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 27 1915, to Oct 28 1915, that I saw h[illegible] alive on Oct 28 1915, and that death occurred, on the date stated above, at 11.05 a.m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) D. Faus M. D.

Oct. 29, 1915 (Address) 1933 N. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Oct 31, 1915

20-UNDERTAKER Chas. D. Cook ADDRESS 1003 W. Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89213

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89213

1-PLACE OF DEATH — REGISTERED NO. C 19

CITY OF BALTIMORE: (No. 12 N. Calhoun ST.; 19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Steffe

(Residence in Baltimore: No. 12 N. Calhoun St.; 78 yrs. 11 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Nov. (Month) 12 (Day) 1836 (Year)

7-AGE: 78 yrs. 11 mos. 16 ds. IF LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: John Henry Cook

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Clara Gauer

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Howard Bluton

(Address): 12 N. Calhoun St.

15- OCT 30 1915 Filed ..... 191.....

MARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. (Month) 28 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1915, to Oct. 28, 1915, that I saw her alive on Oct. 28, 1915, and that death occurred, on the date stated above, at 12 p. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Senility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. A. Dickey M. D.

Oct 29, 1915 [Address] 14 N. Monroe St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Oct 31 1915

20-UNDERTAKER: Jos. H. Cook — ADDRESS: 1003 W. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH Little Sisters of the Poor REGISTERED No. C.....

CITY OF BALTIMORE: (No..... St.: 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Casharia Wirell

(Residence in Baltimore: No. Little Sisters of the Poor St.; 3 yrs. 10 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: unknown (Month) (Day), 1841 (Year)

7-AGE: 74 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md. Balto.

PARENTS

10-NAME OF FATHER: Anthony Wirell

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Anna Stein

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- FILED OCT 30 1915 ROBERT J. KRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 29 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25th, 191..., to, ... 191...,
that I saw h.. alive on Oct 23 1915,
and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH* was as follows:

Senile dementia

Unknown (Duration) yrs mos. ds.

Contributory (SECONDARY) Bronchopneumonia

2 days (Duration) yrs mos. ds.

(Signed) H Malone M. D.

Oct 29 191... [Address] 433 Valley St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 1 yrs 4 mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral DATE OF BURIAL: OCT 30 1915

20-UNDERTAKER: H. C. Rudefeld ADDRESS: 914 Greenmt Av

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Pronounced dead) Mercy Hospital ST.: 11 WARD)

REGISTERED No. C 89218 (duplicate 89218)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Hugh Phillips

(Residence in Baltimore: No. Holland apartment St.: yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	?

6-DATE OF BIRTH, ? (Month) 1 (Day) (Year)

7-AGE, about 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer): Dallas, Texas

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police records

(Address)

15- OCT 30 1915 ROBERT . KRAUTER, Filed, 191 Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute indigestion

(Duration) yrs. 1/2 mos. ds.

(Signed) Hal. P. Chamberlain (Coroner.) M. D.

Oct. 30, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dallas Texas — DATE OF BURIAL, Oct. 30, 1915

20-UNDERTAKER Wm. J. Tickner & Sons — ADDRESS Penna. Ave. Gay (cars)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89219 50 C89219

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. Woman's Hosp- ST.; 2 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lena Benson

(Residence in Baltimore: No. 229 S. Wolfe St., St.; 67 yrs., 3 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July 4 in (Month) (Day) 1848 (Year)

7-AGE, 67 yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER Samuel Smith

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Benson

(Address) 227 S. Wolfe St.

15- Filed OCT 30 1915, 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 13 1915, to Oct 28 1915, that I saw her alive on Oct 28 1915, and that death occurred, on the date stated above, at 10:15 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus with Terminal Diabetic Coma ?

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene (Thumb)

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. V. Jones M. D.

Oct 28, 1915. (Address) Woman's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death \ yrs. \ mos. 15 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? \

Former or usual residence 227 S. Wolfe St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Oct. 30, 1915
20-UNDERTAKER Libby & Grier	ADDRESS 403 D. Wolfe St

N.B.—Cause of death must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89220 — 8 — 79 — C89220

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1838 E Eager St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Kiernes

(Residence in Baltimore: No. 1838 E Eager St.; 60 yrs., 4 mos. 18 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 15th (Day) 1855 (Year)

7-AGE, 60 yrs. 4 mos. 18 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER, Joseph Meisel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Roth

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Charles Kiernes

(Address) 1838 E Eager St

15- OCT 30 1915 ROBERT F. KRAUTER, Burial Permit Clerk.

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 28th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration)..... yrs..... mos..... da.

CONTRIBUTORY (Secondary)

..... (Duration)..... yrs..... mos..... da.

(Signed) Ernest Russell M. D. (Coroner.)

Oct 29, 1915. (Address) 15 E. Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	November 1 1915
20-UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

C89221

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C89221

CITY OF BALTIMORE: (No. 221 Rock St.: 18 WARD) — (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet A Carr

(Residence in Baltimore: No. 221 Rock St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Blk

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month) 1. (Day) (Year)

7-AGE: 48 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): Laundress

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Wilson

(Address) 937 W Saratoga

15- Filed OCT 30 1915 191 ROBERT . KRAUTER Special Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26, 1915, to, Oct 29 1915, that I saw h alive on Oct 28 1915, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart (Duration) unknown yrs. mos. ds.

Contributory (SECONDARY) Putrid Abscess (Duration) yrs. mos. ds.

(Signed) W Norwood M. D.

Oct 29, 1915 [Address] 937 W Saratoga

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Mount Auburn Cemetery — DATE OF BURIAL: 10-31 1915

20-UNDERTAKER: Henry M Cole — ADDRESS: 83 Druid Hill Ave City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & S.—500 blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

$ (89222) 170 (89222)

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1714 Hollins ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Henning

(Residence in Baltimore: No. 1714 Hollins St.; 73 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown (Month) (Day); 1842 (Year)

7-AGE, 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, John Diven

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno Diven

(Address) 1714 Hollins

15- Filed OCT 30 1915 1915 NORBERT . KRAUTER, Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 18 1915, to Oct 27 1915, that I saw her alive on Oct 27 1915, and that death occurred, on the date stated above, at 1.15 A.m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Nephritis Dropsy

(Duration) 6 yrs. mos. ds.

(Signed) M. E. Smith M. D.

Oct 30, 1915. (Address) 1164 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Not Advised — DATE OF BURIAL, Nov 2, 1915

20-UNDERTAKER John J Fields — ADDRESS 1200 W Lombard

ed. AGE should be stated EXACTLY. PHYSICIANS should also be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be pr

Spec.—5-19-13—M. & T.—500 Bks.

C89223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89223

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 E. Lexington Ave ST.; 6 WARD) REGISTERED NO. C 28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gordon S. Kibler

(Residence in Baltimore: No. 117 E. Lexington Ave St.; ...yrs... mos. ds.) Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 15, 1895
(Month) (Day) (Year)

7-AGE, 19 yrs. 11 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cash Girl Trimmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frederick Kebler

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Estella Greener

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Greener

(Address) 117 E. Lexington St

15- Filed OCT 30 1915 191... ROBERT . KRAUTER Registrar. Burial Permit ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 28, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 191 5, to Oct 27 191 5, that I saw h[illegible] alive on Oct 29 191 5, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Fistula Recti

(Duration) 1 yrs. mos. ds.

(Signed) Leo O Bussard M. D.

Oct 29, 1915. (Address) 2518 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Oct 31, 1915

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C89224 — 79 — C89224

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1014 S. East Ave ST.: 1 WARD) REGISTERED NO. C

2-FULL NAME Matilda Kirchner

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1014 S. East Ave. St.; yrs., life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ..., 1864
(Month) (Day) (Year)

7-AGE, 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: H. W.
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, Wm Erling.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Kirchner

(Address) 1012 S. East Ave.

15- Filed OCT 30 1915, 191.. NORRIS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 28th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to A.C.D. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) David W. Jones M. D.
(Coroner.)

Oct. 29th, 1915. (Address) 3116 Brunwell st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cem.	Oct. 31., 1915
20-UNDERTAKER	ADDRESS
Frank Syfer	1600 W Pratt St

Spec.—8-24-14—M. & T.—2000 Blks.

John Tahaney.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89225 108 C89225

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: ~~(No.~~ Aid on street while being transferred to hospital ~~ST.~~ ~~WARD)~~

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Tahaney

(~~Residence in Baltimore: No.~~ Bunson, Harford Co., Md. St. 23 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, January 15, 1861.
(Month) (Day) (Year)

7-AGE, 53 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sculptor and Modeller
(b) General nature of industry, business, or establishment in which employed (or employer)... Studio, Mt. Hope, Md.

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Hugh Tahaney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Kerrigan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... M. E. Tahaney

(Address)... Fallston Md.

15- ROBERT KRAUTH

Filed OCT 30 1915 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 30, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 29 1915, to Oct 30 1915, that I saw him alive on Oct 30 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

General Paralysis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) yrs. mos. ds.

(Signed) E. E. Talbott M. D.

10/30/15, 191... (Address) Fallston, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Johns Church, Long Green

DATE OF BURIAL, Oct 31, 191.5

20-UNDERTAKER Elliott & Evans

ADDRESS 118 W Mt Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89226

CERTIFICATE OF DEATH.

1917

C89226

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Frederick Ave ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles T Sawthrop

(Residence in Baltimore: No. 1806 Frederick Ave St.; 54 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) ..... (Day) ....., 1861 (Year)

7-AGE.	If LESS than 1 day,
54 yrs. 4 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman Cl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Robt Sawthrop

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Virginia Hiney

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis Sawthrop

(Address) 1805 W Baltimore

15- ROBERT KRAUTER

Filed OCT 30 1915 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1915, to Oct 29 1915, that I saw him alive on Oct 29 1915, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter E Cot M. D.

10-30, 1915 (Address) Fairmount Arcadia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	Oct 31, 1915

20-UNDERTAKER Wm M Gawthrop ADDRESS 1624 Mc Henry Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89227 C89227

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Gilmor (N.) ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A McConnell

(Residence in Baltimore: No. 1605 Gilmor (N) St.; 60 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, Sept (Month) 28 (Day), 1855 (Year)

7-AGE About— 60 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Woolner

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Anna McGee

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos E McConnell

(Address) 1716 N. Monroe St

15-

Filed ....., 191.. BORDEN

OCT 30 1915 Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1915, to Oct 28 1915, that I saw her alive on Oct 28 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

Ascending Spinal Paralysis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. ds.

(Signed) WM Lewis M. D.

Oct 29, 1915 (Address) Lutherville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Mt Calvary	Nov 2nd, 1915
20-UNDERTAKER	ADDRESS
W. M. Lanahan	624 W Lexington St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89223 C89223

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No 1514 Presstman St. 15 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Erwin James Johnson

(Residence in Baltimore: No. 1814 Presstman St.: yrs. ..... mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct - 6, 1915 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Hiram James Johnson

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margey Houston

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margey Houston

(Address) 1514 Presstman St.

15. Filed OCT 30 1915 ROBERT J. KRAUTH Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 27, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct - 21, 1915, to Oct - 27, 1915, that I saw h[illegible] alive on Oct - 27, 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) T. E. Daugherty M. D.

Oct - 29, 1915 (Address) 1602 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt Zion — DATE OF BURIAL: Oct 30, 1915

20 UNDERTAKER: James L. Dempsey — ADDRESS: 332 Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER; WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(C8923) 91 (C8923)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Dyer

(Residence in Baltimore: No. 552 St. Marys Street St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Infant

6-DATE OF BIRTH, October (Month) 12 (Day), 1915 (Year)

7-AGE	If LESS than 1 day,
0 yrs. 0 mos. 15 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Alfonzo Dyer

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Era Dyer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Mills a. M.D.

(Address) Johns Hopkins Hospital

15- OCT. 30. 1915, 191.. ROBERT A. KRAUSE, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 27 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 13 1915, to Oct 27 1915, that I saw h[illegible] alive on October 26 1915, and that death occurred, on the date stated above, at 1.40 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) 2 yrs. 2 mos. 2 da.

CONTRIBUTORY (Secondary) Premature

Infantum (Duration) ....yrs. 1 mos. 12 da.

(Signed) Wm. L. Mills a. M. D.

Oct. 27, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	Oct 2[illegible], 191..
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89230 C89230

CERTIFICATE OF DEATH.

1 120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 S. Ann ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josefa Jurek

(Residence in Baltimore: No. 502 S. Ann St.; 25 yrs., 0 mos. 0 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dont Know, (Month) (Day) 1— (Year)

7-AGE, 77 yrs. 0 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer): — —

9-BIRTHPLACE, (State or Country), German Poland,

PARENTS.

10-NAME OF FATHER, Dont Know.

11-BIRTHPLACE OF FATHER (State or Country), Dont Know.

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. F. Sadowski

(Address) 705 S. Ann St.

15- Filed OCT 30 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 30 (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 191 5, to Oct 29 191 5, that I saw her alive on Oct 29 191 5, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ....yrs. ....mo's. ....ds.

CONTRIBUTORY (Secondary) Chronic Bright's

..... (Duration) ....yrs. 7 mos. ....ds.

(Signed) J. [illegible] M. D.

Oct 30 1915. (Address) 16 S. Paca

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Nov. 1st, 191.5

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89231 — 167 — C89231

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hospt. 18 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma Winkler

(Residence in Baltimore: No. 914 W. Lexington St.: yrs., 5 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH. Nov. (Month) 12 (Day), 1913. (Year)

7-AGE. 1 yrs. 11 mos. 15 ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Phila Pa

PARENTS.

10-NAME OF FATHER, Alex Winkler

11-BIRTHPLACE OF FATHER (State or Country). Austra

12-MAIDEN NAME OF MOTHER Lottie C. Winston

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Alex Winkler
(Address) 914 W. Lexington St

15- Filed OCT 30 1915, 191. ROUPPE & KRAUTER Burial Permit Clerks. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 29th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns. Clothing ignited while playing with matches

accident (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Samuel Hunter G. (Coroner) M. D.

Oct. 30th 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 1½ ds. In the State. 1 yrs. 11 mos. 15 ds.
Where was disease contracted, if not at place of death? 914 W. Lexington St
Former or usual residence 914 W. Lexington St.

19-PLACE OF BURIAL OR REMOVAL, Portsmouth Va. — DATE OF BURIAL, Oct. 30 1915

20-UNDERTAKER George J. Smith — ADDRESS 1000 N. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89232

CERTIFICATE OF DEATH.

28 C89232

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3038 Presstman ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Vizzini

(Residence in Baltimore: No. 3038 Presstman St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 10, 1896 (Month) (Day) (Year)

7-AGE, 19 yrs. 8 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Merchant

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER Salvestrai Vizzini

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rose V Vazzana

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) V. Flaconio

(Address) 620 Forest St

15- OCT 30 1915 NORBERT , KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1915, to Oct 27 1915, that I saw him alive on Oct- 20 1915, and that death occurred, on the date stated above, at 6.8. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ? yrs. mos. ds.

(Signed) S. Bonaventure M. D.

10-24-, 191.5 (Address) 1604 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery — DATE OF BURIAL, Oct 30, 191.5

20-UNDERTAKER George J. Smith — ADDRESS 20 Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH John Hopkins Hospital Balt. md. — REGISTERED NO. C 089233

CITY OF BALTIMORE: (No. ... St.: 7 ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Hollenbach

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; yrs. 1 mos. 21 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Unknown (Month) — (Day), 1879 (Year)

7-AGE: 36 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Lock Haven, Pa.

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. A. Noel

(Address) 18 0 E. Monument St

15 OCT 30 1915 Filed ..., 191 ... ROBERT . KRAUTER. Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 29 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1915, to, Oct. 29 1915, that I saw h E R alive on October 29 1915, and that death occurred, on the date stated above, at 9.45 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia
occuring in uremic coma.
Myocardial insufficiency

(Duration) ... yrs. ... mos. 8 ds.

Contributory (SECONDARY) Chr. nephritis; hypertension; arterio-sclerosis, (Duration) ... yrs. 12 mos. ... ds.

(Signed) Roscoe W. Hall M. D.

Oct 29 1915 [Address] John Hopkins Hosp. Balto md.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. 1 mos. 21 ds. In the State ... yrs. 1 mos 21 ds.

Where was disease contracted, if not at place of death?

Former or usual residence St. Marys, Pa.

19-PLACE OF BURIAL OR REMOVAL: Lock Haven Pa. — DATE OF BURIAL: Oct. 30, 191 5

UNDERTAKER: Wm J. Schaeffer & Son — ADDRESS: E. S. Front st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~J~~ 89234 41 089234

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucrumbia Loudell

(Residence in Baltimore: No. 621 W. Mulberry St. St.; 53 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Mar. 10th (Month) (Day), 1862 (Year)

7-AGE: 53 yrs. 7 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Alexander Thomas

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Susanna Boone

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Executrix

(Address) Calvert St.

15- Filed OCT 31 1915, 191... ROBERT . KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct. 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 8 1915, to Oct. 29 1915, that I saw h[illegible] alive on Oct. 29 1915, and that death occurred, on the date stated above, at 8.05 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Caecum

Micros. Exam. Dr. Wm

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Operation 10/26/15

(Duration) 3 yrs. 1 mos. 3 ds.

(Signed) Edward H. Smith M. D.

Oct. 29, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State yrs. Life mos. ds.

Where was disease contracted if not at place of death? 621 W. Mulberry St

Former or usual residence 621 W. Mulberry St

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: Oct 31, 1915

20-UNDERTAKER: Sam'l W. Glass & Son

ADDRESS: 406 Mosher

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

CERTIFICATE OF DEATH.

C99235

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 615 W. Lanvale street, ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thomas Hill,

(Residence in Baltimore: No. 615 W. Lanvale street,

St.; yrs., 2 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, December 2nd, 1914.
(Month) (Day) (Year)

7-AGE, 0 yrs. 10 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William Thomas,

11-BIRTHPLACE OF FATHER (State or Country). Virginia,

12-MAIDEN NAME OF MOTHER Helen Thomas,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet Thomas. grand mother,

(Address) 615 W. Lanvale street.

15- OCT 31 1915 ROBERT . KRAUTER,
Filed....., 191.... Registrar. Burial Permit G. [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 30th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) J. Frederick Kemper, M. D.
(Coroner.)

Oct. 31st. 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Oct 31, 1915

20-UNDERTAKER George W. Holland

ADDRESS 517 Robert St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89236 C89236

CERTIFICATE OF DEATH.

8 28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Fawn ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jake Levin

(Residence in Baltimore: No. 914 Fawn St.; 3 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) (Year)

7-AGE, 53 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Milk Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): at 914 Fawn st

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, David Levin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Abraham Levin

(Address) 1405 E. Pratt st.

15- OCT 31 1915 ROBERT P. KRAUTER, Registrar. Filed ..... 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 29 1915, to Oct 31, 1915, that I saw him alive on Oct 31, 1915, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Respiratory & Cardiac Paralysis

(Duration) few minutes

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) several yrs. — mos. — ds.

(Signed) D. E. Wallenstein M. D.

Oct. 31, 1915. (Address) 6 S. Exeter St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 914 E Fawn st

19-PLACE OF BURIAL OR REMOVAL, Edgewood Cem. DATE OF BURIAL, Oct 31, 1915

20-UNDERTAKER S. Levinson & Bro ADDRESS 1107 E Balto st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89237 C89237

4 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1640 East Fayette ST.; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Gillman

(Residence in Baltimore: No. 1640 East Fayette St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. October (Month) 30 (Day), 1915 (Year)

7-AGE, yrs. mos. ds.

If LESS than 1 day, 20 hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER. Abe Gillman

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Bessie Zirkin

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Abe Gillman

(Address) 1640 E. Fayette St.

15- OCT 31 1915 191 NORBERT F. KRAETTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 30 1915, to October 31 1915, that I saw him alive on October 30 1915, and that death occurred, on the date stated above, at about 30 m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) yrs. mos. ds.

(Signed) John G. Murray Jr. M. D.

10/31/15, 191... (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Mt Carmel — DATE OF BURIAL. Oct 31, 1915

20-UNDERTAKER S. Lemmon Bro — ADDRESS 1107 E Balto St

WHITE PERMIT. WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89233

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89233

1 PLACE OF DEATH — Registered No. 114

CITY OF BALTIMORE (No. Hahnemann Genl Hosp St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Laura Trousdale

(Residence in Baltimore: No. 3107 Cedar Ave. Sta. yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: December 24, 1856 (Month) (Day) (Year)

7 AGE: 58 yrs. 10 mos. 6 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Charlestown Md

PARENTS

10 NAME OF FATHER: John Grant

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Susan E. Harris

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert H. Cooling

(Address) 3107 Cedar Ave

15 Filed OCT 31 1915 191 ROBERT J. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 30 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 25, 1915, to October 30 1915, that I saw h[er] alive on October 30, 1915, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Cholelithiasis

(Duration) yrs. mos. 7 ds.

(Signed) G. J. Davis M. D.

10-30, 1915 (Address) 800 W 33rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death Hahnemann General yrs. mos. 1 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 3107 Cedar Ave

19 PLACE OF BURIAL OR REMOVAL: Charlestown Md. | DATE OF BURIAL: Nov 2, 1915

20 UNDERTAKER: L Dan Cook | ADDRESS: 502 E North Ave

Robert H. Cooling will accompany - PRH

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 (89239) 28 (89239)

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Durham ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Reynolds

(Residence in Baltimore: No. 107 N. Durham St.; Life yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 4 (Day), 1852 (Year)

7-AGE, 63 yrs. 4 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER W. P. Robinson

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER Eleanora Bernaston

13-BIRTHPLACE OF MOTHER (State or Country), Balto city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John V. Reynolds

(Address) 5345 Hewes Ave

15- Filed OCT 31 1915 191. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 28th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 27th 1915, to Oct 29th 1915, that I saw her alive on October 27th 1915, and that death occurred, on the date stated above, at 6 45 m.

The CAUSE OF DEATH* was as follows:

(a) Exhaustion

Indefinite (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Fibroid Phthisis

Abscess (Duration) 1 yrs. 3 mos. ...ds.

(Signed) John Albert Miller M. D.

1. a. 10 23 191 5 (Address) 2739 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Patrick's Cemetery — DATE OF BURIAL, Nov 1, 1915

20-UNDERTAKER William Cook — ADDRESS 302 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89340 C89340

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University of Md St. 18 WARD)

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Otto

(Residence in Baltimore: No. 824 W Balto St. St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX ~~Female~~

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dont Know (Month) (Day), 1842 (Year)

7-AGE, 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L M Otto

(Address) 824 W Balto

15- Filed OCT 31 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Org. heart disease

(Duration) yrs. mos. ds.

(Signed) J. [illegible] Jeffers M. D. (Coroner)

10/30/15, 191... (Address) 2042 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1/2 dy. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 824 W Balto St

Former or usual residence 824 W Balto St

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL,
Loudon Park	Oct. 31, 1915
20-UNDERTAKER	ADDRESS
Wm Cook	109 E Fayette

C89241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C89241

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1950 Patterson Park Ave ST. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and Ward No. 18.)

2 FULL NAME Irene Ella De Vrau

(Residence in Baltimore: No. 1950 Patterson Park Ave St. yrs 3 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Jan 11, 1896 (Month) (Day) (Year)

7 AGE: 19 yrs. 9 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Balto Co Md.

PARENTS

10 NAME OF FATHER: Elias B Ford

11 BIRTHPLACE OF FATHER (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Elizabeth Bagley

13 BIRTHPLACE OF MOTHER (State or country): Balto Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter C Bacon

(Address) 100 E 20th St

OCT 31 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 30 (Month) (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1914, to Oct 30 1915, that I saw her alive on Oct 30, 1915, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2+ yrs. mos. ds

Contributory (SECONDARY) Cardiac Failure

(Duration) yrs. mos. ½ hr.

(Signed) Walter C Bacon M. D.

Oct 30, 1915 (Address) 100 E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: Nov 2, 1915

20 UNDERTAKER: Mclain Cook — ADDRESS: 502 E North Ave

C89242

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 C89242

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1520 Kenwell ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Raymond A Bentz

(Residence in Baltimore: No. 1520 Kenwell St.: Life yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: June (Month) 17 (Day), 1914 (Year)

7 AGE: 1 yrs. 4 mos 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Arthur G Bentz

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eva M. Edwards

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur G. Bentz

(Address) 1520 Kenwell St

15 Filed OCT 31 1915 19.. ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 30 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1915, to Oct 30 1915, that I saw h[illegible] alive on Oct 30, 1915, and that death occurred, on the date stated above, at 1130 P m.
The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Fred C Jewett M. D.

Oct 31, 1915 (Address) 2615 Penn ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Nov 1, 1915

20 UNDERTAKER: Geo. P. Smith

ADDRESS 1000 W. Fayette St

8 A. M.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89243 C89243

8 37

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2425 West North Avenue, St.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel R. Smith,

(Residence in Baltimore: No. 2425 West North Avenue, St.; yrs., mos. ds.)

Life

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, March (Month) 26th (Day), 1893. (Year)

7-AGE, 22 yrs. 7 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William H. Taylor,

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Ida V. Warner,

13-BIRTHPLACE OF MOTHER (State or Country). Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida V. Taylor, mother,

(Address) 2425 West North Avenue.

15- Filed OCT 31 1915, 191 ROBERT KRAUTER Burial Permit Clerk & Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 29th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septichaemia et Pneumonitis septicae following self-induced abortion,

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemp M. D. (Coroner.)

Oct. 30, 191 5. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Nov. 1, 19..

20-UNDERTAKER Wilkens & Son — ADDRESS Monroe Ave.

8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp ST. 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Giblin

(Residence in Baltimore: No. 1304 Valley St.; yrs., mos. ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
about 47 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Patrick Giblin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Fannin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Kehoe

(Address) 1304 N. Valley St

15- OCT 31 1915 Filed....., 191.....

ROBERT F. KRAUTER, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 29th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.)
find that said deceased came to.....death on the day stated above.
The CAUSE OF DEATH* was as follows:

Accident R-R with Leg crushed off

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elijah Russell M. D.
(Coroner.)

Oct 30th, 1915. (Address) 22 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1304 Valley St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Nov 2 1915

20-UNDERTAKER, Robt J Turner — ADDRESS 1742 E Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C89245 95 C89245

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1337 N. Gay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josh Wiscott

(Residence in Baltimore: No. 1337 N. Gay St.; 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feby 22 (Month) (Day), 1844 (Year)

7-AGE, 70 yrs. 8 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Austria

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Austria

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gerpetta Wiscott

(Address) 1337 N. Gay St

15- Filed OCT. 31 1915 191.... ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 30 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 27 1915, to Oct 30th 1915, that I saw him alive on Oct 29 1915, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

a Pneumonia Lobular

.....

..... (Duration) ... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. C. Schleicher M. D.

(Date) Oct 31 1915 (Address) 817 Hamilton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Walbrook Cemetery

DATE OF BURIAL, Nov 1, 1915

20-UNDERTAKER Robt J Turner

ADDRESS 1422 N Bway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

089246

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

089246

8 40

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1715 S. Charles St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Kuhn

(Residence in Baltimore: No. 1715 So Charles St.; 53 yrs. 9 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem.

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan. (Month) 8 (Day) 1862 (Year)

7-AGE: 53 yrs. 9 mos. 22 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home duties
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Gustav Müller

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Dorothy Fisher

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm F Kuhn

(Address) 1715 So Charles St

15- Filed OCT 31 1915 ROBERT . ERAUTH Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1915, to Oct 30 1915, that I saw her alive on Oct 29 1915, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

..... (Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Gastric Carcinoma

Operated 6 mo. ago (Duration) 1 yrs. mos. ds.

(Signed), J F Hawkins M. D.

Oct 30, 1915 [Address] 18 Pennsylvania

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet Cem — DATE OF BURIAL: Nov 2nd, 1915

20-UNDERTAKER: E Schloman Son — ADDRESS 1039 Hanover st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89247 — 28 — C89247

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 111 N. Henrietta ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2 FULL NAME Minetta E. Heller

(Residence in Baltimore: No. 111 N. Henrietta St.: 17 yrs. 4 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: June (Month) 26 (Day), 1898 (Year)

7 AGE: 17 yrs. 4 mos. 4 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer): Dept Store

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Henry Heller

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Amalia Fisher

13 BIRTHPLACE OF MOTHER (State or country): Baltimore, Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Heller

(Address) 111 W. Henrietta

15. Filed OCT 31 1915 — HOWARD E. KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 30th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 18th, 1915, to Oct. 29th, 1915, that I saw h[er] alive on Oct 29th, 1915, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Phthisis

(Duration) ... yrs. 5 mos. ... ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. 2 ds.

(Signed) J. J. Carrick M.D.

Oct 30th, 1915 (Address) 1417 W. Cullen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Nov 2nd, 1915

20 UNDERTAKER: C. Schloman & Son — ADDRESS: 1039 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89218

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1250 Sharp St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Long

(Residence in Baltimore: No. 1250 Sharp St.; 36 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 31, 1850 (Month) (Day) (Year)

7-AGE, 65 yrs. 2 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Marble Works

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Long

(Address) 1250 Sharp St.

15- OCT 31 1915 ROBERT . KNAUFF Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1915, to Oct 24 1915, that I saw h in alive on Oct 24 1915 and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

Duration yrs. mos. ds.

(Signed) H. E. Campbell M. D.

Oct 30, 1915. (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Nov 1st, 1915

20-UNDERTAKER E. Schloman & Son ADDRESS 1039 W Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89249 C89249

CERTIFICATE OF DEATH.

X 105

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy Wilson

(Residence in Baltimore: No. Johns Hopkins Hospital St.; yrs., mos. 4 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 18 (Day), 1895 (Year)

7-AGE, 20 yrs. 6 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cotton mill Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, John B. Wilson

11-BIRTHPLACE OF FATHER (State or Country), S.C.

12-MAIDEN NAME OF MOTHER, Mattie Denton

13-BIRTHPLACE OF MOTHER (State or Country), S.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15- Filed OCT 31 1915, 191... ROBERT J. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 26 1915, to Oct 30 1915, that I saw h[illegible] alive on October 26 1915, and that death occurred, on the date stated above, at 2 p m. The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G. K. Rhodes M. D.

Oct. 30, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence R F D 6 Lancaster S C

19-PLACE OF BURIAL OR REMOVAL, Lancaster S. C. DATE OF BURIAL, Oct. 31., 1915.

20-UNDERTAKER, Allen C. Fuller ADDRESS 221 N Broadway

Spec.—8-24-1[illegible] M. & T.—2000 Blks.

Laura Fowlkes.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH 1217 Maryland Ave

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1217 Md. Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Fowlkes

(Residence in Baltimore: No. 1217 Md. Ave. St.; 20 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... 1870 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Waitress
(b) General nature of industry, business, or establishment in which employed (or employer) Private

9-BIRTHPLACE, (State or Country), Va "

PARENTS.

10-NAME OF FATHER, Daniel Fowlkes

11-BIRTHPLACE OF FATHER (State or Country), Va "

12-MAIDEN NAME OF MOTHER Mary E. Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Fowlkes

(Address) 1217 Md. Ave

15- Filed OCT 31 1915 191[illegible] ROBERT J. KRAUTER, [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 31 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1915, to Oct. 31 1915, that I saw h[illegible] alive on Oct 30 1915, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Pul Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Lee Bliss M. D.

Oct. 31st 1915. (Address) 92 E Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holloway Sta Virginia

DATE OF BURIAL, Nov. 1, 1915

20-UNDERTAKER Felix B. Pye

ADDRESS 101 W Mulberry

DAKS·AFF

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 (C89251) 35 (C89251) 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 Thames ST.; V WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Henrietta M. L. Harnes

(Residence in Baltimore: No. 1730 Thames St.; 15 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, February 20, 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. 8 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, ? Dorthan

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER ? Dorthan

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harnes Bros.

(Address) 1730 Thames St.

15-

Filed NOV 1 - 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1915, to Oct 29 1915.
that I saw h[illegible] alive on Oct. 29 1915.
and that death occurred, on the date stated above, at 4.30 p m.
The CAUSE OF DEATH* was as follows:

Diffused Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) yrs. mos. 1 ds.

(Signed) G. G. Brack M. D.

Oct 29, 1915 (Address) 2 [illegible] E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Nov. 1, 1915

20-UNDERTAKER William Cook ADDRESS 502 E Baltimore

Spec.—5-19-13—M. & T.—500 Blks.

2

HEALTH DEPARTMENT—CITY OF BALTIMORE

2

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3534 Rutland Ave ST.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bazzel A Johnson

(Residence in Baltimore; No. 3534 Rutland Ave St.; 4 yrs., mos. da.)

Patient to tuberculosis home to West Maryland.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 6 (Day), 1872 (Year)

7-AGE, 43 yrs. — mos. 24 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Corn Husker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto County Md

PARENTS.

10-NAME OF FATHER, George W. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Cora Stuyby

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Johnson

(Address) 3534 Rutland Ave.

15- Filed NOV 1 - 1915, 191... HENRY O. ANDREWS, Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 30th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 1915, to Oct 16 1915, that I saw h— alive on Oct 30th 1915, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Pul Tuberculosis

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) John H. Lowry M. D.

Oct 31st 1915. (Address) 502 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hayden

DATE OF BURIAL, Nov 2.., 1915

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

3 HEALTH DEPARTMENT—CITY OF BALTIMORE 154 3

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 N Stricker ST.; 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William D. Spencer

(Residence in Baltimore: No. 1510 N Stricker St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Apr (Month) 9 (Day), 1844 (Year)

7-AGE, 71 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Dora Spencer

(Address) 1510 N Stricker

15-

Filed NOV 1 1915 1915. MARY O ANDREWS, BURIAL PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1915, to Oct 31st 1915, that I saw h[illegible] alive on Oct 30th 1915, and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH* was as follows:

Old age, Complicated with senile nutrition

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Dkob M. D.

Oct 31, 1915. (Address) 1203 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery | DATE OF BURIAL, Nov 2, 1915.

20-UNDERTAKER William Cook | ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89254 4 HEALTH DEPARTMENT—CITY OF BALTIMORE C89254 4

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD) REGISTERED NO. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Johnston

(Residence in Baltimore: No. 342 E. Federal St.; 3 yrs., mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, February 22., 1884.
(Month) (Day) (Year)

7-AGE, 31 yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Michael Laughlin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Lavy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Miller M.D.

(Address) Johns Hopkins Hospital

15- Filed NOV 1 - 1915, 191.....
HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 30, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 14 1915, to Oct. 30 1915, that I saw her alive on Oct 30 1915, and that death occurred, on the date stated above, at 9 40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) Two yrs. Two mos. 18 ds.

CONTRIBUTORY (Secondary) Terminal Lung Abscess

(Duration) 1 yrs. No mos. 18 ds.

(Signed) Wm. L. Miller M. D.

Oct. 31 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 16 ds. In the State 3 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 342 E. Federal St Balto.

19-PLACE OF BURIAL OR REMOVAL. Reading Pa — DATE OF BURIAL. Nov. 1..., 1915

20-UNDERTAKER William Cook — ADDRESS 502 E Northam

Via P R R - Chas E Johnston accompany

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89255

64

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 509 Hanover ST. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret J. Griffin

(Residence in Baltimore: No. 509 Hanover St. St.: 76 yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: Oct 27 (Month), 1839 (Day) (Year)

7 AGE: 76 yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: ~~Home~~
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Peter Doyle

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Brown

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Cassie Doyle

(Address) 116 S Mount St

NOV 1 - 1915
Filed , 191

HARRY O ANDREWS,
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 29 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1915. to Oct 29 1915.

that I saw h~~e~~ alive on Oct 29, 191 5.

and that death occurred, on the date stated above, at 11 ~~5~~ m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

36 hours
(Duration) yrs. mos.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) John S Bishop M. D.

Oct 30, 1915 (Address) 828 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Nov 1 .191 5

20 UNDERTAKER: W. J. & M. D. Flynn

ADDRESS: 1422 Light St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89256 C89256

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606. S. Port St. ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Gumpman

(Residence in Baltimore: No. 606. S. Port St. St.; 60 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WID(O)WED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 ..... (Month) (Day) (Year)

7-AGE, 80. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Brehm

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gumpman

(Address) Elverton A.A.Co. Md.

15- NOV 1 - 1915 HARRY O. ANDREWS, Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 23 1915, to Oct 29 1915, that I saw her alive on Oct 29 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Thrombosis

(Duration) ... yrs. ... mos. 1 ds.

(Signed) O L Lows M. D.

10/29, 1915. (Address) 2701 Catalone

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cemetery

DATE OF BURIAL, Nov. 1, 1915

20-UNDERTAKER D & M. G. Flynn

ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C

1-PLACE OF DEATH

City of Baltimore (No. 1607 Argyle avenue, St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie Franklin,

(Residence in Baltimore: No. 1607 Argyle avenue, St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, January (Month) 1st (Day), 1887. (Year)

7-AGE, 28 yrs. 9 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress,
(b) General nature of industry, business, or establishment in which employed (or employer) Family washing,

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, William T. Carter,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Indiana Brooks,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Carter, sister,

(Address) 648 Fitcher street.

15- Filed NOV 1 - 1915, 191.. HARRY O ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 28th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy,

(Duration) 14 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Koenig M. D. (Coroner.)

Oct. 29, 1915. (Address) 3310 W. North ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Nov. 1, 1915

20-UNDERTAKER Samuel J. Hemsley

ADDRESS 518 Biddle st

Spec.—8-24-14—M. & T.—2000 Blks.

C89258 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89253 3

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 652 George ST.: 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Mooney

(Residence in Baltimore: No. 652 George St.: ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, 10 (Month) 30 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 0 ds.	13 hrs. or 35 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Joseph F. Mooney

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Gertrude Scott

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph F. Mooney

(Address) 652 George st

15- Filed NOV 1 - 1915, 191... HARRY O. ANDREWS, Special Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-30-1915, to 10-30-1915; that I saw h sick alive on 10-30-1915, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Congenital debility

7 mos 7 days.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) N. Winslow M. D.

10-30, 1915. (Address) University Hosp. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Nov 1, 1915

20-UNDERTAKER	ADDRESS
Samuel T. Kemby	578 W. Pratt

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

59

HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 N Payson ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Marlin Hammen

(Residence in Baltimore: No. 624 Payson St.; 0 yrs., 3 mos. 17 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 13, 1915
(Month) (Day) (Year)

7-AGE, 0 yrs. 3 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Philip L. Hammen

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Ida L. Fangmeyer

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ida L. Hammen

(Address) 614 N Payson St

15- NOV 1 - 1915 HARRY O ANDREWS,
Filed....., 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1915, to Oct - 30 1915, that I saw h— alive on Oct - 30 1915, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis

(Duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Marlin W Shook M. D.

Oct 30 - 15, 191.. (Address) 806 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Nov 1, 191..

20-UNDERTAKER Stewart & Mosser Co — ADDRESS 108 N Howard

Spec.—5-19-13—M. & T.—500 Bks.

C89260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

REGISTERED NO. C 89260

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Druid Hill Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Johnson

(Residence in Baltimore: No. 1228 Druid Hill Ave St.; 25 yrs., \ mos. \ ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dont Know (Month) (Day) 1 (Year)

7-AGE, 25 yrs. \ mos. \ ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Joseph Warren

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Esther Crosby

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Florence Johnson

(Address) 1228 Druid Hill Ave.

15- NOV 1 - 1915 HARRY O ANDREWS, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1915, to Oct 30 1915, that I saw h[illegible] alive on Oct 29 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Subacute Nephritis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H E McCard M. D.

10/30 1915 (Address) 2005 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Nov 2, 1915

20-UNDERTAKER John A. Bishop ADDRESS 1517 Pa Ave

Spec.—5-19-13—M. & T.—500 Bks.

C89261 C89261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Druid Hill Ave. St.; 14 WARD)

REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Elliott

(Residence in Baltimore: No. 1608 Druid Hill Ave. St.: 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day-Laborer

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Edward Elliott

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George E. Hunter

(Address) 1125 Argyle Ave

15- NOV 1 - 1915 HARRY O ANDREWS, Burial Permit Clerk

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 10 1915, to Oct 29 1915; that I saw him alive on Oct. 29 1915; and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Heart Disease

Dropsy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. 1 mos. ds.

(Signed) R. Garland Aldred M. D.

Oct 30, 1915. (Address) 424 East 23 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hill Ave. DATE OF BURIAL Nov. 2nd, 1915

20-UNDERTAKER Harris & Leitch ADDRESS 1364 Mass Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

$ 2 — C8926 — 2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 N. Lakewood Ave St.; (WARD)

REGISTERED NO. C 91

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agatha K. Wright

(Residence in Baltimore: No. 205 N. Lakewood ave St.; 50 yrs.. mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, August 17, 1838 (Month) (Day) (Year)

7-AGE, 77 yrs. 2 mos. 15 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Schneider

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Yauch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Shea

(Address) 205 N. Lakewood Ave

15- NOV 1 - 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 29th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 27 1915, to October 29 1915, that I saw her alive on October 29 1915, and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Nicholas F. Dugan M. D.

Oct. 31, 1915. (Address) 22 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	11-1-, 1915
20-UNDERTAKER	ADDRESS
H. Sanders & Sons	710 Hath

C89263

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89263

120

Registered No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 132 Weber St. (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2 FULL NAME William Koesters

(Residence in Baltimore: No. 132 Weber St

St.; 24th Ward)

St.; 52 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR DIVORCED (Write the word): married

6 DATE OF BIRTH: 3 (Month) 26 (Day), 1846 (Year)

7 AGE: 69 yrs. 7 mos. 4 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: news agent.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Germany.

PARENTS

10 NAME OF FATHER: Joseph Koesters

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Ann Koesters

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret A. Koesters

(Address) 132 Weber St.

15. Filed NOV 1 - 1915, 191... HARRY O ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 10 (Month) 29 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 4th, 1915, to Oct. 29 1915; that I saw h.. alive on Oct. 28, 1915; and that death occurred, on the date stated above, at 1.0, m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation —

(Duration) ... yrs. 2 mos. ... ds

Contributory (SECONDARY) Chr. Nephr. Enteritis

(Duration) 5 yrs. ... mos. ... ds.

(Signed) H.H. McCarty M. D.

Oct. 29, 1915 (Address) 1711 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Cross Cem Co

DATE OF BURIAL: 11 - 2 - 15

20 UNDERTAKER: E & B Earle

ADDRESS: 1115 E Fast St

4

HEALTH DEPARTMENT—CITY OF BALTIMORE

4

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2525 Madison Ave ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Hamilton

(Residence in Baltimore: No. 2525 Madison Ave

St.: yrs., from birth mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Jack Hamilton

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Laura A Chase

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. S. Leach

(Address) 1731 N. Broadway

15- FILED NOV 1 - 1915 HARRY O. WILKENS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 30th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm M Savage M. D.
(Coroner.)

Nov. 1st, 1915. (Address) 1719 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov 3 19.15

20-UNDERTAKER Philip Henry — ADDRESS 2016 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

5 C8926 5

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Lakewood Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry C. Meyer

(Residence in Baltimore: No. 413 N. Lakewood Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 13th, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 2 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Tallow Mnf'g.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Meyer

(Address) 413 N. Lakewood

15. NOV 1 - 1915 Filed....., 191.... HARRY O. ANDREWS, Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 31, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 18th 1915, to Oct 29th 1915, that I saw h[illegible] alive on Oct 29th 1915 and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease Fatty Degeneration

(Duration) yrs. mos. ds.

(Signed) C. C. Meyer Jr. M. D.

Oct 30, 1915 (Address) 411 N. Lakewood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Greenmount Cem. DATE OF BURIAL. Nov. 1., 1915

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6

151

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1521 W. Saratoga ST.: W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Matthews

(Residence in Baltimore: No. 1521 W. Saratoga St.; yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	colored	single

6-DATE OF BIRTH, Sept. (Month) 26 (Day), 1915 (Year)

7-AGE, ... yrs. 1 mos. 5 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Clarence Matthews

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alice Smallwood

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Alice Smallwood
(Address) 1521 W. Saratoga

15-
Filed NOV 1 - 1915, 191.. Burial Permit Clerk.
HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 31st, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ... yrs. ... mos. ... ds.

(Signed) Wyeth Savage M. D.
(Coroner)
Oct 31, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St Peter	Nov 1, 1915
20-UNDERTAKER Wilbert Brown	ADDRESS 306 N. Mount St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. A... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A P... RECORD

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C 151 — 7

CITY OF BALTIMORE: (No. 125 N Amity St.: 18 Ward)

2-FULL NAME Edw Steward

(Residence in Baltimore: No. 125 N Amity St.; yrs. 5 mos. 10 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Caucasian

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May 24 (Month) (Day) 1911 (Year)

7-AGE: yrs. 5 mos. 10 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Emory Steward

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Laura Washington

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emory Steward

(Address) 125 N Amity St

15- Filed NOV 1 - 1915 19... HARRY O. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct 31 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 191 5, to, Oct 31 191 5, that I saw h... alive on Oct 31 191 5, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Infantile Atrophy

(Duration) yrs 5 mos. 10 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W F Norwood M. D.

Nov 1, 191 5. [Address] 939 W Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Mt Lowell — DATE OF BURIAL: Nov 4, 191 5

20-UNDERTAKER: John Norman & Son — ADDRESS: 901 Holland St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89267 C89268 64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 S. Ellwood Ave St.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam L. Denhard

(Residence in Baltimore: No. 908 S. Ellwood Ave St.: 48 yrs., mos., ds.)

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. (Month) 15th (Day), 1847 (Year)

7-AGE, 67 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Agent
(b) General nature of industry, business, or establishment in which employed (or employer): Fire Insurance

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Denhard

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Lisette Zimmer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Denhard

(Address) 908 S. Ellwood Ave.

15- Filed NOV 1 - 1915, 191... HARRY U. ARCHER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1, 1914, to Oct 30 1915, that I saw h[im] alive on Oct 29 1915, and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Uremia - Sclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) M. J. McAvoy M. D.

Oct 31, 1915. (Address) 939 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Nov. 2nd, 1915

20-UNDERTAKER H. Sander & Sons ADDRESS 1710 Pratt St

Specimen Blank—M. & T.—2000 Blks.

89269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C 89269

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038. Eastern. Ave. ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Weronika Kwiatkowska

(Residence in Baltimore: No. 2038. Eastern Ave. St.; 13 yrs., 4 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	Wh't	Married

6-DATE OF BIRTH. Jan (Month) 12 (Day), 1879 (Year)

7-AGE. 36 yrs. 10 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE. (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Joseph Matelski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Agnes Wonda

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marcin Kwiatkowski

(Address) 2038 Eastern Ave

15- NOV 1 - 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 191 5, to Oct 31 191 5, that I saw h alive on Oct 31 191 5, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion (Duration) yrs. mos. 2 ds.

(Signed) P. P. Trumbore M. D.

Oct 31, 191.. (Address) 2013 Bank st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Nov 2, 1915

20-UNDERTAKER, Wilson Fiaczkowski ADDRESS 1618 Eastern Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C 89270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C 89270

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 Eastern Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Lanocha

(Residence in Baltimore: No. 2121 Eastern St.; ..... yrs., 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... July (Month) 16 (Day), 1912 (Year)

7-AGE, ... yrs. 3 mos. 16 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Infant.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Lanocha

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Frances Reeves

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Lanocha

(Address) 2121 Eastern Ave

15- Filed NOV 1 - 1915, 191.... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1915, to October 30 1915, that I saw h.m alive on October 30 1915, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Gastritis & Enterocolitis

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Thos. A. Ruth M. D.

10/30, 191.6 (Address) 1621 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Johns Lane | DATE OF BURIAL, Nov 1, 1915

20-UNDERTAKER, William Fiallowski | ADDRESS 1618 Eastern Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89271 C89271

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1711 Aliceanna ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Symbor

(Residence in Baltimore: No. 1711 Aliceanna St.; yrs., 9 mos. 13 ds.)

N. B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 16, 1915.
(Month) (Day) (Year)

7-AGE, yrs. 1 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Albin Symbor

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Alexa Wasielewske

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Symbor

(Address) 1711 Aliceanna St.

15- NOV 1 - 1915 MARY O ANDREWS, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 1, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 30 1915, to October 30 1915, that I saw him alive on October 30 1915, and that death occurred on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Diarrhoea

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) yrs. mos. 8 ds.

(Signed) [illegible] M. D.

November 1, 1915. (Address) 721 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Nov. 2, 1915.

20-UNDERTAKER William Fialkowski — ADDRESS 1618 Eastern

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 96

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S. Chapel ST. W. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Huebner

(Residence in Baltimore: No. 124 S. Chapel St.: 55 yrs., mos., ds.)

N. B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 ..... (Month) (Day) (Year)

7-AGE, 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Henry Huebner

(Address) 124 S. Chapel St

NOV 1 - 1915 HENRY O. ADLER,

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 30 th, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 1909, to Oct 30. 1915, that I saw h[illegible] alive on Oct 29 1915, and that death occurred, on the date stated above, at 9. A.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchial Asthma

10.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. H. Thieme M. D.

Oct 31, 191.5 (Address) 1101 N. Lakewood Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Emanuel Cem — DATE OF BURIAL, Nov. 2, 1915

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C89273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C89273

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital St.; 12 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward McDermott

(Residence in Baltimore: No. 1710 Fremont ave St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Mar. 16 (Month) (Day), 1874 (Year)

7-AGE, 41 yrs. 7 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Edward McDermott

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Tuley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG.
(Informant) Rec'd Mercy Hosp
(Address) Calvert St

15-
Filed NOV 1 - 1915, 191.... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 31 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 27 1915, to Oct 31 1915, that I saw h[illegible] alive on Oct. 31 1915, and that death occurred, on the date stated above, at 2.50 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Coma (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward A Smith M. D.

Oct 31, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? 1710 Fremont ave
Former or usual residence 1710 Fremont ave

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery — DATE OF BURIAL, Nov. 3, 1915

20-UNDERTAKER George J. Ruth — ADDRESS 1735 Hanford ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarice Poulston

(Residence in Baltimore: No. 615 N. Spring St St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, December 4, 1914.
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, 2.

11-BIRTHPLACE OF FATHER (State or Country), 2.

12-MAIDEN NAME OF MOTHER Carrie Poulston

13-BIRTHPLACE OF MOTHER (State or Country), 2.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) AJ Smith

(Address) Johns Hopkins Hospital

15- Filed NOV 1 - 1915, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 31, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 11 1915, to October 31 1915, that I saw her alive on October 31 1915, and that death occurred, on the date stated above, at 7 40 a.m.

The CAUSE OF DEATH* was as follows:

Meningitis, Epidemic, Acute

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ...yrs. ...mos. 2 ds.

(Signed) Gilbert L. Roxa Hal M. D.

Oct. 31., 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 20 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 615 N. Spring St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Nov. 1., 1915.

20-UNDERTAKER Jas J. Locke ADDRESS 1302 Jefferson

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89275 — 104 — C89275

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 N. Rose ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Ambrose A. Doyle.

(Residence in Baltimore: No. 210 N. Rose St.; ..... yrs., 2 mos. 30 ds.)

N.B.—Every item of information should be carefully supplied. Ages should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 31st, 1913
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 30 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John H. Doyle

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Marie Lukas.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Doyle.

(Address) 210 N. Rose St.

15- NOV 1 - 1915 HARRY O. ANDREWS,
Filed....., 191.. Registrar. Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 30, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 21 1915, to Oct 30 1915, that I saw h... alive on Oct 29 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pyaemia Umbilical

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Oct 30 1915. (Address) 710 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	Nov 1, 1915.
20-UNDERTAKER Lilly & Geiler	ADDRESS 403 Saratoga St.

C89276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89276

1 PLACE OF DEATH — REGISTERED No. C 1204

CITY OF BALTIMORE (No. 675 W Fayette St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Mary A Taylor

(Residence in Baltimore: No. 675 W Fayette St.; 58 yrs. mo. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: July 12, 1835 (Month) (Day) (Year)

7 AGE: 80 yrs. 3 mos. 18 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Adam Watson

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jacob Watson

(Address) 675 W Fayette

15 NOV 1 - 1915 Filed

NORBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 30th 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 17th 1915 to Oct 30th 1915; that I saw h.. alive on Oct 29th 1915; and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic Interstitial

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. Ken Williams M. D.

Oct 30, 1915 (Address) 601 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death: yrs. mos. ds. — In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Ballo Cemetery — DATE OF BURIAL: Nov 2, 1915

20 UNDERTAKER: J. Fen McCauley — ADDRESS: 39 E. Fort Ave

Spec.—5-19-13—M. & T.—500 Blks.

Sarah Shaw

C89277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89277

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 819 W. Franklin ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Shaw

(Residence in Baltimore: No. 819 W. Franklin St.; 37 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, unknown (Month) (Day), 1857. (Year)

7-AGE, 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Mathews Co Va

PARENTS.

10-NAME OF FATHER, Tyson Morgan

11-BIRTHPLACE OF FATHER (State or Country), Mathews Co Va

12-MAIDEN NAME OF MOTHER, Marguerite Knight

13-BIRTHPLACE OF MOTHER (State or Country), Mathews Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Shaw

(Address) 819 Franklin St

15-

Filed NOV 1 - 1915, 191... ROBERT . KRAMER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 1 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 10 1915, to Nov 1 1915, that I saw h— alive on Oct 30 1915, and that death occurred, on the date stated above, at 8 10a m.

The CAUSE OF DEATH* was as follows:

Asthma Dropsy

of Heart

(Duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary) Heart

(Duration) yrs. mos. 15 ds.

(Signed) D. H. Kemp M. D.

Nov 1 1915 (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL Nov 3..., 1915

20-UNDERTAKER Frank B. Pye — ADDRESS 102 E Mulberry St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89278 C89278

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Maryland Ave St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Johnson

(Residence in Baltimore: No. 1802 Maryland Ave St.; 6 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, unknown, (Month) ....., (Day) ....., 1874 (Year)

7-AGE, 41 yrs. ... mos. ... da.

If LESS than 1 day, ... hrs. or ... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Addie Hurst

(Address) 1802 Md. Ave.

15- Filed NOV 1 - 1915, 191... ROBERT . KRAUTER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1915, to Oct 29 1915; that I saw her alive on Oct 29 1915, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 7 da.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) ... yrs. ... mos. 3 da.

(Signed) R. Garland Schmidt M. D.

Oct 30, 1915 (Address) 424 E. East 23 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Nov 2, 1915

20-UNDERTAKER Felix B. Pyle — ADDRESS 102 E. Mulberry St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(89279) 113 (89279)

REGISTERED NO. C 4

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 111 N. Arch St. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edna ada ~~Jones~~ Neall

(Residence in Baltimore: No. 111 N. arch St. yrs. 3 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
female	Colored	infant

6 DATE OF BIRTH: July (Month) 30 (Day), 1915 (Year)

7 AGE: no yrs. 3 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: William ~~Jones~~ Neall

11 BIRTHPLACE OF FATHER (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Ella Jones

13 BIRTHPLACE OF MOTHER (State or country): Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Jones Neall

(Address) 111 N. arch St

15 Filed NOV 1 - 1915, 191 ROBERT, KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 31 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 24, 1915, to. October 31 - 1915, that I saw her alive on Oct 28 - , 1915, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Gastric hemmorhage

4 hours.
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Hypertrophic cirhosis of liver

(Duration) ..... yrs. 2 mos. 14 ds.

(Signed), Chester Riland M. D.

November 1st, 1915 (Address) 25 32 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Nov 2, 1915

20 UNDERTAKER: Felix B Pfeffer — ADDRESS: 12 E. Mulberry St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C89280 C89280

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2834 Harlem ave ST.: 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard W. Davis

(Residence in Baltimore: No. 2834 Harlem ave St.: Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 1 (Day) 1903 (Year)

7-AGE, 12 yrs. 5 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. -
(b) General nature of industry, business, or establishment in which employed (or employer) at school

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William W. Davis

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret J. Webster

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. W. Davis

(Address) 2834 Harlem ave

15- NOV 1 - 1915 Filed....., 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31 1915, to Oct 31 1915, that I saw h.m alive on Oct 31 1915, and that death occurred, on the date stated above, at 7 1/4 p. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(Duration) 4 yrs. mos. ds.

(Signed) F. R. Dunkel M. D.

Oct 31, 1915. (Address) 711 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL, Nov 2., 1915

20-UNDERTAKER F. C. Krauss — ADDRESS 708 Fallsway

Spec—5-19-13—M. & T.—500 Bks.

C89281 81 C89281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 S. Register ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Haywood

(Residence in Baltimore: No. 26 S. Register St.; 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Nov. (Month) 9 (Day) 1839 (Year)

7-AGE, 76 yrs. 11 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto County

PARENTS.

10-NAME OF FATHER, Samuel Bachaine

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marcellus Price

(Address) 28 S. Register St

15- NOV 1 - 1915 NORRIS KRAUTER, Burial Permit Clerk

Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 28-9- 1915, to 31-10-1915, that I saw h alive on 29-10-1915, and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH* was as follows:

(a) Renal arteriosclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral sclerosis

(Duration) yrs. mos. ds.

(Signed) Conrad Feld Dr. M. D.

31-10-, 191.. (Address) 1633 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, Nov. 2 191..

20-UNDERTAKER Harry A Dorsey ADDRESS 1125 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Margaret Cimoni

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 410 Calvin St. WARD) 5

2-FULL NAME Margaret Cimoni

(Residence in Baltimore: No. 410 Calvin

REGISTERED No. C 1578

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Life.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, November (Month) 3 (Day), 1910 (Year)

7-AGE, 4 yrs. 11 mos. 28 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ala.

PARENTS.

10-NAME OF FATHER, Andrew Cimoni

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Josephine Pedone.

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Cimoni

(Address) 410 Calvin St.

15- NOV 1 - 1915 ROBERT . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. Kahnweiler M. D. (Coroner.)

Nov. 1, 1915 (Address) 18 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery

DATE OF BURIAL, Nov 3 1915

20-UNDERTAKER George L. Ruth

ADDRESS 1735 Harford Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 172

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Steam Ship Rowanmoore Pier 9 Foot St. Andrew WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Luebehuesen

(Residence in Baltimore: No. 1414 Fort Ave St.; yrs. 41 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct (Month) 4 (Day), 1874 (Year).

7-AGE, 41 yrs. — mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cooper
(b) General nature of industry, business, or establishment in which employed (or employer): Union Line

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Garrett Luebehuesen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Prenger

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliz Luebehuesen

(Address) 1414 E Fort Ave

15- Filed NOV 1 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 30 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental fall in ship hole

(Duration) Instant yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured Skull

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Nov. 2, 1915 (Address) 517 Scott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cemetery	Nov. 2, 1915

20-UNDERTAKER H. F. McGinn — ADDRESS 1422 Light St.

Spec.—5-19-11—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 — 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 Richardson ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katarina Mossman

(Residence in Baltimore: No. 1432 Richardson St.; 5 yrs.. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, October (Month) 15 (Day), 1895 (Year)

7-AGE, 17 yrs. 6 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.

10-NAME OF FATHER, George Stein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Hanna Waldorf

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) × Pius Moosman

(Address) 1429 Richardson St

15- NOV 1 - 1915 Filed....., 191.... ROBERT . KRAUTER, Vital Records Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 30 October 1915, to 31 October 1915, that I saw her alive on 30 October 1915, at 4 p.m. and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Exhaustion following childbirth and pneumonia

(Duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Puerperal pneumonia (double)

(Duration) 6 yrs. 6 mos. 1 ds.

(Signed) James Lee M. D.

N.Y.Av., 191 (Address) 1425 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery QA — DATE OF BURIAL, Nov. 3, 1915

20-UNDERTAKER W. F. & M. H. Flynn — ADDRESS 1432 Light St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89285

HEALTH DEPARTMENT--CITY OF BALTIMORE

C89285

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1609 N Bond St ST.: 8 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph F Hildebrand

(Residence in Baltimore: No. 1609 N Bond St St.: 8 yrs. 58 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov 30, 1856 (Month) (Day) (Year)

7 AGE: 58 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: George Hildebrand

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna M. Hillenge

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J W. Haury

(Address) 1627 N. Bond St

15. Filed NOV 1 - 1915, 191 ROBERT . KRAUTER, Special Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 31, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191.. to October 31 1915, that I saw him alive on October 29 1915, and that death occurred, on the date stated above, at 1 P m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ..... yrs. 6 mos. ds

Contributory (SECONDARY) Oedema

(Duration) ..... yrs. 4 mos. ds.

(Signed) Peter J Hennington M. D.

Nov 1, 1915 (Address) 1126 Bolton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Holly Cemetery — DATE OF BURIAL: Nov 3, 1915

20 UNDERTAKER: H. Brauning & Son — ADDRESS: 517 W. Lexington St

KODAK

Spec.—8-24-14—M. & T.—2000 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89286

CERTIFICATE OF DEATH.

C89286

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 S. Caroline ST.; 3 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hinda Schwartz

(Residence in Baltimore: No. 230 S. Caroline St. St.; 25 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov — (Month), — (Day), 1831 (Year)

7-AGE, 84 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, David Harris

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bellia

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1419 E Baltimore St

15- NOV 1 - 1915 Filed, 191.. HUNERT · KRAUSE, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 1st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1915, to Nov 1st 1915, that I saw h[er] alive on Oct 29 1915, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurg
Mitral Regurg
Arterio-Sclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) yrs. Several mos. ds.

(Signed) A. H. Lees M. D.

Nov 1st, 1915. (Address) 24 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Hebrew Washington Rd	Nov 2, 191..
20-UNDERTAKER Jack Lewis	ADDRESS 1419 E Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87 C89287

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 N. Mount ST.; 16 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Shultz

(Residence in Baltimore: No. 813 N. Mount St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 29 (Day), 1884 (Year)

7-AGE, 30 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dry Goods Notions

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Hezekiah P. Shultz

11-BIRTHPLACE OF FATHER (State or Country). Carroll Co Md.

12-MAIDEN NAME OF MOTHER Lenora Burns.

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank D. Shultz

(Address) 813 N. Mount St.

15- Filed NOV 2 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 13 1915, to Oct. 31 1915, that I saw h— alive on Oct. 30 1915, and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Starvation

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Laryngeal ulcer

(Duration) ..... yrs. 4? mos. ..... ds.

(Signed) Leonard Blum M. D.

Nov 1, 1915. (Address) 1 E 21 St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Nov. 2, 1915

20-UNDERTAKER Bernard A. Fink ADDRESS 429 W. Lemmon Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

189

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1412 N. McElderry ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H Scofield

(Residence in Baltimore: No. 1412 N. McElderry St. yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Infant

6-DATE OF BIRTH, Oct (Month) 31st (Day), 1915 (Year)

7-AGE, yrs. mos. 21 da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm H Scofield

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Sadie Mack

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Scofield

(Address) 1412 McElderry St

15- NOV 2 - 1915 Filed, 191.

ROBERT F. KRAUSER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) [illegible] M. D. (Coroner)

Nov. 1, 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Nov 2nd, 1915

20-UNDERTAKER [illegible] — ADDRESS [illegible] McElderry St

689289

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C 89289

City of Baltimore (No. 1818 E Biddle St. or Ward 9)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Trakos

(Residence in Baltimore: No. 1818 E Biddle St.; 2 yrs. 11 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Child

6 DATE OF BIRTH: Nov 24 1 (Month) (Day), 1912 (Year)

7 AGE: 2 yrs. 11 mos. 14 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: George Trakas

11 BIRTHPLACE OF FATHER (State or country): Greece

12 MAIDEN NAME OF MOTHER: Ella Burgan

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Trakas

(Address) 1818 E. Biddle St

15 Filed NOV 2 - 1915, 191 — HARRY O. ANDREAS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 11 (Month) 1 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-1-, 1915, to 11-1-, 1915, that I saw him alive on 11-1-, 1915, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(Duration) ... yrs. ... mos. 3 ds.

Contributory (SECONDARY) Cardiac Paralysis

(Duration) ... yrs. ... mos. 1 ds.

(Signed) H. T. Owens M. D.

11/2/, 1915. (Address) 2512 Boston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: Nov 2 1915

20 UNDERTAKER: Robert J. Turner — ADDRESS: 1 Broadway & Oliver

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 527 E 22nd St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME Mary E Mehringer

(Residence in Baltimore: No. 527 E 22nd St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Aug 24, 1861 (Month) (Day) (Year)

7-AGE, 54 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, Antone Young.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mrs Hillegeist

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J Tickner Nephew

(Address) North & Penna Ave

15- Filed NOV 2 - 1915, 191. HARRY O ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 1st, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....(Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar L Cawood M. D. (Coroner.)

Nov 2nd, 1915. (Address) 1527 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Nov 4 1915

20-UNDERTAKER Wm J Tickner & Son ADDRESS North & Penna

Spec.—8-24-14—M. & T.—2000 Bks.

C89291 C89291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 Forest St.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred M. Moylan

(Residence in Baltimore: No. 841 Forrest St. St.: 1 yrs., 2 mos. 25 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Aug 5 (Month) (Day), 1914 (Year)

7-AGE, 1 yrs. 2 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER Maurice Moylan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Margaret Hanley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margt. Moylan

(Address) 841 Forrest St.

15- NOV 2 - 1915 HARRY O. ANDREWS,

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 22 191 5, to Nov 1 1915, that I saw h-- alive on Oct 31 191 5, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

..... (Duration).....yrs.....mos. 6 ds.

CONTRIBUTORY (Secondary) Toxaemia

..... (Duration).....yrs.....mos. 2 ds.

(Signed) James M. Faulon M. D.

Nov 1, 1915. (Address) 700 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Nov 2, 1915

20-UNDERTAKER W. C. Woodfield

ADDRESS 847 Eutaw St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 102

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 681 W Fayette St. 4 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer S Bernhard

(Residence in Baltimore: No. 681 W Fayette St.: yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 2, 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. 2 mos. 28 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Electrician
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Lazarus Bernhard

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Cahn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Milton E Bernhard
(Address) 681 W Fayette St

15- Filed NOV 2 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastric Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric Ulcer (Duration) yrs. mos. ds.

(Signed) J. T. Jeffers M. D.
(Coroner)
Nov 1, 1915 (Address) 242 N Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Hebrew Friendship Cem	Nov 3 1915
20-UNDERTAKER	ADDRESS
Talbert & Fuller	221 N Bond

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89293

C89293

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 Archer ST.; 23 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Wallace

(Residence in Baltimore: No. 632 Archer St. St.; Life Time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	Married

6-DATE OF BIRTH, Oct. (Month) 18 (Day), 1862 (Year)

7-AGE, 53 yrs. X mos. 13 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (Balto City)

PARENTS.

10-NAME OF FATHER, James A. Williams

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Sarah Grimes

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harold L Wallace

(Address) 632 Archer st

15- NOV 2 - 1915 Filed, 191.... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 31 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 28 1915, to Oct. 30, 1915, that I saw her alive on Oct. 30 1915, and that death occurred, on the date stated above, at 3.a, m.

The CAUSE OF DEATH* was as follows:

Primary—Carcinoma Breast
Immediate—Myocarditis and Exhaustion

Chronic Illness (Duration) yrs. mos. 3? ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 3? ds.

(Signed) J. P. Strong M. D.

11/1/15, 1915. (Address) 506 Hanover st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Nov 2 1915

20-UNDERTAKER John H. Frazer — ADDRESS 142 W Hill

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89291 C89294

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 756 Raborg St. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Smith

(Residence in Baltimore: No. 756 Raborg St ST.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Keeper.....

9-BIRTHPLACE, (State or Country), Annapolis Md

PARENTS.

10-NAME OF FATHER, James Kennard

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Clara Harris

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Clara Harris .....

(Address)... 756 Raborg St .....

15. NOV 2 - 1915 Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1915, to Nov 1 1915, that I saw h— alive on Oct 31 1915, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

..... (Duration)....yrs....1...mos.....ds.

CONTRIBUTORY (Secondary) Cachexia

..... (Duration)....yrs....1...mos.....ds.

(Signed) ..... M. D.

Nov 1, 1915. (Address) 739 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Nov 3, 1915

20-UNDERTAKER John J Leman & Son — ADDRESS 901 Hollins St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89295

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89295

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Lemmon ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Healey

(Residence in Baltimore: No. 920 Lemmon St. St.; 2 yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, ... Sept ....., 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William J Healey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Agnes B Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J Healey

(Address) 920 Lemmon St

15- Filed NOV 2 - 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 1st, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 29 191, to Nov 1st, 1915, that I saw her alive on Oct. 31st 191 7, and that death occurred, on the date stated above, at 12.15 p m.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 1 1/2 ds.

(Signed) Benj Oneillcam M. D.

Nov 1st, 191 5 (Address) 404 N. Payson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Nov 2, 1915

20-UNDERTAKER John Howard & Son — ADDRESS 901 Dolphin St

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89296

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

103

C89296

1-PLACE OF DEATH Home of the Good Shepherd — REGISTERED NO. C .....

CITY OF BALTIMORE (No. Cor Mount & Hollins St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister Mary Xaverius

(Residence in ~~Baltimore~~ ~~No.~~ Home of the Good Shepherd St.: 53 yrs. 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Oct 31st, 1839 (Month) (Day) (Year)

7-AGE: 76 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Sister of Good Shepherd
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY ~~KNOWLEDGE~~

(Informant) Sisters of Good Shepherd

(Address) .....

15-Filed NOV 2 - 1915, 19.. HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct 31, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1915, to Oct 31st 1915, that I saw h[illegible] alive on Oct 31st, 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Gastric and Intestinal Catarrh

Senile Marasmus (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Acute gastric attack with prostration (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. F. Mulholland M. D.

....., 191..... (Address) 115 W Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death 20 yrs. ..... mos. ..... ds. In the State 53 yrs. 7 mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Good Shepherd Cem — DATE OF BURIAL: Nov 2nd, 1915

20-UNDERTAKER: Wm. Tracy Sons — ADDRESS: 3 E Eager St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89297 — 28 — C89297

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Boyd St.; 20 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Wells

(Residence in Baltimore: No. 2104 Boyd St.; 31 yrs., 11 mos. 4 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Nov. (Month) 26 (Day), 1883 (Year)

7-AGE: 31 yrs. 11 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md (Balto City)

PARENTS.

10-NAME OF FATHER: Gotlhot Kraft

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Evalyne Sadorki

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rose Klein

(Address) 315 S. Bentalou St

15- Filed NOV 2 - 1915, 191.... HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1915, to Oct 30 1915, that I saw h alive on Oct 30 1915, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Asthenia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

(Signed) Raymond Kalm M. D.

Nov 1, 1915. (Address) 2027 Mount

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Nov. 2, 1915.

20-UNDERTAKER, Geo. K. Schwab & Bro — ADDRESS 2101 Eutaw Ave

WHITE PENCIL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89298

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89298

8 | 1-PLACE OF DEATH | Registered No. C 71

CITY OF BALTIMORE (No. 2716 Fenwick ave St. 9 WARD)

2-FULL NAME Howard Bernard O'Donnell

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2716 Fenwick avenue St.: yrs. 2 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: August (Month) 15 (Day), 1915 (Year)

7-AGE: yrs. 2 mos. 16 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md

PARENTS

10-NAME OF FATHER: James H. O'Donnell

11-BIRTHPLACE OF FATHER (State or country): Drifton, Pa

12-MAIDEN NAME OF MOTHER: Rose Dugan

13-BIRTHPLACE OF MOTHER (State or country): Hockendaugua, Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Rose O'Donnell

(Address) 2716 Fenwick ave

15 NOV 2 - 1915

Filed ..... 191 .....

HARRY C. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 31 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 191 5, to Oct 31 191 5.

that I saw h alive on Oct 31 191 5.

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Immunized

(Duration) yrs. 1 mos. 14 ds.

(Signed) J. C. Hearn M. D.

Oct 31, 191 5. (Address) 1301 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov. 2, 1915
20-UNDERTAKER	**ADDRESS**
J. C. Ginnis & Carroll	608 N. Potomac St.

Spec.—8-24-14—M. & T.—2000 Bks.

C89293

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89293

CERTIFICATE OF DEATH.

+ 28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lanzel

(Residence in Baltimore: No. Md Gen'l Hospital St.; ..... yrs., 1 mos. 21 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Oct. (Month) 30 (Day), 1890 (Year)

7-AGE, 25 yrs. — mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farm Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Lanzel

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Costley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. H. Hees

(Address) Sykesville Md

15- NOV 2 - 1915 HARRY C. ANDREWS, Registrar.

Filed ....., 191... [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 31st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 10th 1915, to Oct. 31st 1915, that I saw him alive on Oct 31st 1915, and that death occurred, on the date stated above, at 0.15 A.M.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary)

~~Oct. 31. 1915~~ (Duration) .... yrs. .... mos. .... ds.

(Signed) F. E. Shipley M. D.

Oct. 31, 1915. (Address) Md. Genl. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. 1 mos. 21 ds. In the State 25 yrs. .... mos. 11 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Woodbine, Md., R. 7 A.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
White Rock, Md.	Nov. 2, 1915
20-UNDERTAKER	ADDRESS
Jno. R. Hees	Sykesville Md.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 25 clay ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ebert

(Residence in Baltimore: No. 25 Clay st St.; [illegible] yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month) (Day) 18 (Year)

7-AGE: about 60 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or country): Dont Know

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H K Gorsuch

(Address) 117 W Saratoga St

15- Filed NOV 2 - 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 1st (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30th, 1915, to, Nov 1st 1915, that I saw h.. alive on Oct 31st 1915, and that death occurred, on the date stated above, at 8.9 a/m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

had been sick several days before I was called, (Duration) ... yrs. ... mos. 3 ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed), J. K. Gorsuch M. D.

Nov 1, 191 5. [Address] 117 W Saratoga St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Nov 3, 191...

20-UNDERTAKER: Harry H. Witzke — ADDRESS: 1531 W. Lombard St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C89301 C89301

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 N. Chapel St.; 6th WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas Woodhouse

(Residence in Baltimore: No. 1122 N. Chapel St.; 23 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 3 (Day), 1891 (Year)

7-AGE, 40 yrs. 5 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Asbestos Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Edward Woodhouse

(Address) 1122 N. Chapel St.

15-
Filed NOV 2 - 1915, 191.. HARRY C. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 30 (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 25 1915, to Oct 30 1915, that I saw h[e] alive on Oct 30 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Progressive Cardiac Weakening

(Duration) yrs. mos. 7 ds.

(Signed) Edward Cook M. D.

11/1, 191.5 (Address) 413 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, Nov. 2nd, 1915

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89302

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 Buchanan ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabelle Hall

(Residence in Baltimore: No. 2412 Buchanan St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1865.
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hall

(Address) 2412 Buchanan St.

15-

Filed NOV 3 - 1915 1915 HARRY O ANDREWS, Assistant Registrar. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1915, to Nov 1 1915, that I saw h— alive on Oct 31 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Heart
Grippe Pain Pneumonia
Asthma Heart
Disease (Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Heart
(Duration) yrs. mos. 11 ds.

(Signed) Dr. J. W. Kennard M. D.

Nov. 1 1915. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Hope Cemetery

DATE OF BURIAL, Nov 3, 1915

20-UNDERTAKER Frick B. Frye

ADDRESS 102 E Madison

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89303

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 100

C89303

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Balto. Eye & Ear Hosp ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2 FULL NAME Raymond C Font

(Residence in Baltimore: No. Balto Eye & Ear Hospital St.: yrs. 37 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH Aug (Month) 8 (Day), 1878 (Year)

7 AGE 37 yrs. 7 mos. 6 ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Frank Co Md

PARENTS

10 NAME OF FATHER O. J. Font

11 BIRTHPLACE OF FATHER (State or country) Frank Co

12 MAIDEN NAME OF MOTHER Sarah Lewis

13 BIRTHPLACE OF MOTHER (State or country) Frank Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Irving D. Taney MD

(Address) Mt Airy Md

15 NOV 3 - 1915, 191 [illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 191 5, to Nov 7 191 5, that I saw h[illegible] alive on Nov 7, 191 5, and that death occurred, on the date stated above, at 8 30 p. m.

The CAUSE OF DEATH* was as follows:

Ludwigs Angina

(Duration) Don't know yrs. mos. ds.

Contributory (SECONDARY) Oedema of Glottis

(Duration) Don't know yrs. mos. ds.

(Signed), Irving D Taney M. D.

191 (Address) Mt Airy Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death 1 yrs. 7 mos. 7 ds. In the State 37 yrs. 7 mos. 6 ds.

Where was disease contracted, if not at place of death? Hampstead Md

Former or usual residence Hampstead Md

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Pleasant Md	Nov 3, 191 5
20 UNDERTAKER	ADDRESS
Geo E Franck	102 Madison Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University of Md Hospital 4 WARD)

REGISTERED No. C 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Rayl.

(Residence in Baltimore: No. 32 S. Green St 30 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1859 (Year)

7-AGE, 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Wash D C

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Ray

(Address) 32 S. Green

15- Filed NOV 3 - 1915, 191.. Daniel O. Andrews Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock

Clothes was ignited while lighting a gasoline stove

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Burns of body (accident)

(Duration) yrs. mos. ds.

(Signed) J. T. Rogers M. D.

(Coroner)

Nov 2, 1915. (Address) 242 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 2 hrs ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? 32 S Greene St

Former or usual residence 32 S Greene St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Nov 3, 1915

20-UNDERTAKER McCormick

ADDRESS 502 E. North

Spec.—8-24-14—M. & T.—2000 Bks.

C89305 C89305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Shipley

(Residence in Baltimore: No. University Hospital St.; yrs. mos. 6 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1858 (Year)

7-AGE, 57 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer): Gent.

9-BIRTHPLACE, (State or Country), U.S.

PARENTS.

10-NAME OF FATHER, Chas. Shipley

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Miss Kayser

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Philip C. Shipley

(Address) 46 72 Kenwood

15. NOV 3 - 1915 Filed, 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1915, to Nov 2, 1915, that I saw h[illegible] alive on Nov 2, 1915, and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx

Operation

(Duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) yrs. mos. 1 da.

(Signed) Elmer L. Henderson M. D.

11-2-, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 da. In the State — yrs. — mos. da.

Where was disease contracted, if not at place of death? —

Former or usual residence Govans Md

19-PLACE OF BURIAL OR REMOVAL, Staunton Virginia — DATE OF BURIAL, Nov 3, 1915

20-UNDERTAKER William Cook — ADDRESS 502 6 North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89306 C89306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Binney ST.: 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Young

(Residence in Baltimore: No. 916 Binney St.: — yrs., 2 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. Aug (Month) 27 (Day), 1913 (Year)

7-AGE.	If LESS than 1 day,
....yrs. 2 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland Balto City

PARENTS.

10-NAME OF FATHER. John Young

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Stella Young

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Heuner

(Address) 916 Binney St

15- Filed NOV 3 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 26 1915, to Nov 2 1915, that I saw h alive on Nov 1 1915, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. B. Nicholson M. D.

Nov 2, 1915. (Address) 3031 O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

When was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Nov 3, 1915
20-UNDERTAKER	ADDRESS
Wilhelm Cook	502 E North Ave

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 412 Myrtle Ave ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Coleman

(Residence in Baltimore: No. 412 Myrtle Ave St.: yrs., 15 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Col	Married

6-DATE OF BIRTH, Sept 3 (Month), (Day), 1861 (Year)

7-AGE,	If LESS than 1 day,
54 yrs. 1 mos. 25 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Coleman

(Address) 412 Myrtle Ave

15- NOV 3 - 1915 HARRY O. ANDREWS, Burial Permit Clerk
Bal., ..., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 1, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ....yrs. 5 mos. ....ds.

(Signed) J. T. Ayers M. D.
(Coroner)

Nov 1 1915 (Address) 242 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn (Lewis)	Nov 3 1915
20-UNDERTAKER Charles B Jones	ADDRESS 1118 N Gardenia

C89308

HEALTH DEPARTMENT—CITY OF BALTIMORE 167

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1214 Brevard street, ST. 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Temple,

(Residence in Baltimore: No. 1214 Brevard street, St.: yrs., 23 ~~mos.~~ ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH: ..... Unknown, ... (Month) ..... (Day) 1 ..... (Year)

7-AGE: 32? yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Virginia,

PARENTS.

10-NAME OF FATHER: George Farrell,

11-BIRTHPLACE OF FATHER (State or Country): Virginia,

12-MAIDEN NAME OF MOTHER: Clara Brown,

13-BIRTHPLACE OF MOTHER (State or Country): Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosie Jones, niece,

(Address) 1033 N. Carey street.

15- FILED NOV 3 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... October (Month) 31st (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sepsis and Duodenitis resulting from accidental scalds,

(Duration) ..... yrs. ..... mos. 8 ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Dorsch M. D. (Coroner)

Oct. 31, 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Nov. 3 1915

20-UNDERTAKER Robert A. Elliott

ADDRESS 5th Bayne Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89309 C89309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 514 East (St.) 5 (Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Manuel

(Residence in Baltimore: No.) 514 East (St.)

40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, (Month) (Day) 1855 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Samuel Blackstone

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rachel Blackstone

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Driggs

(Address) 1514 Caroline St

15- NOV 3 - 1915 HARRY O. ANDREWS, Filed ....., 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 2 (Day), 191 5 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 21 191 5, to Nov 2 191 5; that I saw h alive on Nov 1 191 5 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

5 Days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

5 Days (Duration) yrs. mos. ds.

(Signed) Edward Furlow M. D.

Nov 2, 191 5 (Address) 1612 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, Nov 5 191 5

20-UNDERTAKER Robert A. Elliott

ADDRESS 608 Rogers Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89310 C89310

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2301 E North ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Weis

(Residence in Baltimore: No. 2301 E. North ave. St.; Lifetime Yrs. Mos. Ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) 8 (Day) 1873 (Year)

7-AGE: 42 yrs. 3 mos. 25 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Andrew Weis

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Annie Beck

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Weis

(Address) 131 N. Chapel

15- Filed NOV 3 - 1915 19... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 20 (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1915, to, Nov. 2 1915, that I saw h.. alive on Nov 2 1915 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) yrs 8 mos ..... ds.

Contributory (SECONDARY) .....

..... (Duration) yrs. mos. ds.

(Signed) Wilbur J. Kyseyer M. D.

Nov. 2, 1915 (Address) 2008 O'Donnell

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov. 5, 1915

20-UNDERTAKER: Jos. B. Kerr & Son — ADDRESS: E. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 George St; ST.; 17 WARD)

REGISTERED No. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jamie Shaffery

(Residence in Baltimore: No. 829 George St St.; yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, February 29, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Louis Pechin

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Elizabeth Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W Little

(Address) 531 N Fremont Ave

15-

Filed NOV 3 - 1915 1915 MARY O. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 2, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31 1915, to Nov 2 1915, that I saw h alive on Nov 2 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) 10 yrs. mos. ds.

(Signed) Chas P Chaulton M. D.

Nov 2, 1915. (Address) 548 Mosher St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Philadelphia Penna — DATE OF BURIAL, Nov 3, 1915

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Ave

C89312 C89312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3318 Chestnut Ave 13 WARD)

Registered No. C 98

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Clough.
(Residence in Baltimore: No. 3318 Chestnut Ave

St.; yrs., 75 mos. ... da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 6 (Day), 1864 (Year)

7-AGE, 57 yrs. 3 mos. 25 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Hostler
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas H Clough

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Elizabeth Suffett

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ida M Clough
(Address) 3318 Chestnut Ave

15- NOV 3 - 1915
Filed ....., 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ... yrs. ... mos. ... da.

(Signed) Harris C Alyea M. D.
(Coroner)
Nov 1, 1915 (Address) 3640 Rolandvay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs....mos....da. In the State ....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Mays St. | DATE OF BURIAL, Nov 3 1915

20-UNDERTAKER H S Marshall | ADDRESS 2539 Pa Ave

C89313

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89313

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3923 Parkheights Ave ST.; 15 WARD) — REGISTERED No. C 80

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Woodland

(Residence in Baltimore: No. 3923 Parkheights Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. (Month) 20 (Day), 1866 (Year)

7-AGE 49 yrs. mos. 2 ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.
10-NAME OF FATHER, John C. Woodland
11-BIRTHPLACE OF FATHER (State or Country), Virginia
12-MAIDEN NAME OF MOTHER Lucie Tragle
13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs H. A. Hearn
(Address) 1207 W. 36th Ave

15- NOV 3 - 1915 Filed, 191. HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 1st (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Angina Pectoris
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Wm M. Savage M. D. (Coroner.)
Nov 1st, 191 5. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem — DATE OF BURIAL, Nov. 4, 1915.
20-UNDERTAKER Wm J. Dickey & Son — ADDRESS North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89314

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89314

CERTIFICATE OF DEATH.

130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 S Paca St.; 27 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Maria Cornthwaite

(Residence in Baltimore: No. 639 S Paca St St.; 67 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. Unknown ....., 1848
(Month) (Day) (Year)

7-AGE. 67 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Mitchell

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis A Cornthwaite

(Address) 639 S Paca St

15-
Filed NOV 3 - 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk.
Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. ... AGE should be stated EXACTLY. PHYSICIANS should state ... may be properly classified. Exact statement of OCCUPATION is very

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Nov. 1, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 31 1915, to Nov. 1 1915, that I saw h[illegible] alive on Oct. 31 1915, and that death occurred, on the date stated above, at 6.25 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

..... (Duration) ..... yrs. ..... mos. Several days

CONTRIBUTORY (Secondary) Bright's Disease Kidney

..... (Duration) Several yrs. ..... mos. ..... ds.

(Signed) G. Lotsbe Ewald M. D.

Nov. 2, 1915. (Address) 905 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Nov 3, 1915

20-UNDERTAKER	ADDRESS
H. Fuchs & Son	Penna Ave

H. Fuchs & Son

Spec.—8-24-14—M. & T.—2000 Bks.

C89315 Send to Dr Kelly 605 Falls Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C89315

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 E. Lanvale ST.; 17 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Buffett.

(Residence in Baltimore: No. 325 E Lanvale St.; 6 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown, 18.. (Month) (Day) (Year)

7-AGE, 68 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home.

9-BIRTHPLACE, (State or Country), Illinois

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country) Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Burton Buffett

(Address) 325 E. Lanvale

15- Filed NOV 3 - 1915, 191.. HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 2, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 28 1915, to Nov 1 1915, that I saw h[illegible] alive on Nov 1 1915 and that death occurred, on the date stated above, at 1.20 P.M.

The CAUSE OF DEATH* was as follows:

Uremia Coma, Exhaustion

(Duration) 6 yrs. 1 mos. 7 da.

CONTRIBUTORY (Secondary) Hypertrophy of Heart

(Duration) 1 yrs. mos. da.

Witnessed) Evan Kelly M. D.

Nov 2, 1915 (Address) 605 Falls Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Easton Md	Nov 4, 1915
20-UNDERTAKER Wm Cook	ADDRESS 501 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

c/o of Burton Buffett Via B.O.R.R.

C89316

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C89316

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1937 Ramsey ST.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Mabbett

(Residence in Baltimore: No. 1937 Ramsey St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married.

6-DATE OF BIRTH: Apr. 30, (Month) (Day) 1856 (Year)

7-AGE: 59 yrs. 6 mos. 2 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Goetz

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wallace S. Mabbett

(Address) 1937 Ramsey St

15- NOV 3 - 1915 Filed ....., 191 HARRY O. ANDREWS, Burial Permit Clerk's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 1, (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1915, to Nov. 1, 1915, that I saw her alive on Oct. 31, 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Softening of Brain.

(Duration) yrs. 7 mos. ds.

Contributory (SECONDARY) Continuous worry and probably Cancer of Stomach.

Clinical Symptoms (Duration) yrs. 7 mos. ds.

(Signed) C. A. Dickey. M. D.

Nov. 2, 1915 [Address] 14 N. Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Nov. 3, 1915

20-UNDERTAKER: Jos. B. Cook ADDRESS: 1013 N. Gilmor St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89317 C89317

CERTIFICATE OF DEATH.

REGISTERED NO. C 15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Lettare (Lettau)

(Residence in Baltimore: No. 308 So. Fremont Ave St.; ...yrs., 1 mos. 14 ds.)

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. ... ACE should be stated EXACTLY. PHYSICIANS should state ... may be properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH September 19, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md Balto City

PARENTS.

10-NAME OF FATHER, Christian Lattau

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Carrie Warner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- NOV 3 - 1915 ROBERT O. ANDREWS,
Filed ..., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1 1915, to November 3 1915, that I saw h... alive on November 3 1915, and that death occurred, on the date stated above, at 3 08 a m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Gilbert W. Rowe Third M. D.

Nov 3, 191 5 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 3 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 308 So. Fremont Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Nov 5, 191...
20-UNDERTAKER	ADDRESS
H. B. Cook	1003 W. Balto

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89318

CERTIFICATE OF DEATH.

C89318

1-PLACE OF DEATH
CITY OF BALTIMORE, No. 703 E Harvey ST., 24 WARD) REGISTERED No. C 135

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Anna Evans

(Residence in Baltimore: No. 703 E Harvey St.; 30 yrs., 3 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female 4-COLOR OR RACE, White 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 3, 1885
(Month) (Day) (Year)

7-AGE, 30 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John Fredk Grossenp
11-BIRTHPLACE OF FATHER (State or Country), New York
12-MAIDEN NAME OF MOTHER Elizabeth Va Snyder
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Geo Oliver Evans
(Address) 703 E Harvey

15-
Filed NOV 3 - 1915, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10/31 1915, to 10/31 1915, that I saw her alive on 10/31 1915 and that death occurred, on the date stated above, at 1145 P m.

The CAUSE OF DEATH* was as follows:

(Labor) Childbirth + Obstructive Shock (Duration) ... yrs. ... mos. 24 hours ds.

CONTRIBUTORY (Secondary) Placenta Praevia + Hemorrhage (Duration) ... yrs. ... mos. 10 hours ds.

(Signed) E. J. Burlington M. D.

10/31, 1915. (Address) 102 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Pk Cem — DATE OF BURIAL, Nov. 3..., 1915

20-UNDERTAKER R. Frem McCully — ADDRESS 39 E Fort.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILED

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C89319

C89319

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 E. Lexington ST.; 5 WARD)

REGISTERED NO. C 89

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby of Hyman & Celia Weinstein

(Residence in Baltimore: No. 1227 E Lexington St.; yrs., mos. 3 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.)
male	White	single

6-DATE OF BIRTH, Nov 1, 1915
(Month) (Day) (Year)

7-AGE, ...yrs...mos. 3 ds. If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Hyman Weinstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Celia Silbert

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hyman Weinstein

(Address) 1227 E. Lexington St.

15- NOV 3 - 1915 Filed ..., 191.. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1915, to Nov. 2 1915, that I saw him alive on , , 1915, and that death occurred, on the date stated above, at 4:08 m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) A. J. Brubaker M. D.

Nov 3, 1915 (Address) 918 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Herbert Run — DATE OF BURIAL, Nov. 3, 1915

20-UNDERTAKER L. Lennon & Bro — ADDRESS 1107 E Balto St

COPY OF RECORD S·A·FE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89320 C89320

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 S Strickland ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William N Fleischer

(Residence in Baltimore: No. 321 S Strickland St.; Life time yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Oct (Month) 22 (Day), 1853 (Year)

7-AGE, 60 yrs. — mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired Butcher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baden

PARENTS.

10-NAME OF FATHER, Andrew Fleischer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie C. Woody

(Address) 300 S Eutaw St.

15- Filed NOV 3 — 1915 191.... Robert O Ahlers Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1915, to Oct 31 1915, that I saw h.... alive on Oct 31 1915, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Paralysis of Left Side

..... (Duration) ....yrs. 1 mos. ....da.

CONTRIBUTORY (Secondary) Valvular Heart Disease

..... (Duration) 1 yrs. ....mos. ....da.

(Signed) Howard W Jones M. D.

Nov 1, 1915 (Address) Dunkirk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Nov 3 1915.

20-UNDERTAKER Geo. A. Gerbig ADDRESS Baltimore & Payson St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89321

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89324

CERTIFICATE OF DEATH.

127

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Nursery & Child's Hospital St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Adrew

(Residence in Baltimore: No. Franklin & Schroeder St.; 1 yrs. 3 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... 8 (Month) ..... 15 (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 3 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Shetter

(Address) Nursery & Child's

15- NOV 3 - 1915 CLERK OF REGISTRY

Filed ....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 30 (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 4 1915, to Oct 31 1915, that I saw h er alive on Oct 30 1915, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

.....Pyelitis.....

.....

.....

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Acute Intestinal Disturbance

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) E. K. Fin Dennrald M. D.

Oct 30 1915 (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 3 mos. 15 ds. In the State ....yrs. 5 mos. 15 ds.

Where was disease contracted, if not at place of death? Nursery, Child's Hospital

Former or usual residence Nursery & Childs Hospital

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P & S

DATE OF BURIAL, NOV. 1 1915

20-UNDERTAKER Commissioner Health.

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89322

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89322

CERTIFICATE OF DEATH.

×37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospl ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Carroll

(Residence in Baltimore: No. None (Fairfield Md.) St.; .....yrs.,.....mos.....da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH,

....., 1.....
(Month) (Day) (Year)

7-AGE,

.....yrs. 2 mos. 14 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed NOV 3 - 1915 [illegible] Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 13th 1915, to Oct. 30th 1915, that I saw h[illegible] alive on Oct. 2[illegible] 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

.....
Congenital
Syphilis
.....
.....(Duration).....yrs. [illegible] mos. 14 da.

CONTRIBUTORY.....
(Secondary)
.....(Duration).....yrs.....mos.....da.

(Signed) H. E. Shipley, M. D.
Oct. 31st 191... (Address) Md. Gen. Hospl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1 da. In the State.....yrs. 2 mos. 14 da.

Where was disease contracted, if not at place of death? Fairfield, Md.

Former or usual residence Fairfield, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Md. General Hospital	NOV. 1 1915
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89323

CERTIFICATE OF DEATH.

37

C89323

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Oliver (Red twin)

(Residence in Baltimore: No. 1433 E. Biddle St.; 0 yrs., 0 mos. 0 da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state diseases and conditions fully and be carefully supplied.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black.	Single

6-DATE OF BIRTH, Oct. (Month) 31 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 0 da. If LESS than 1 day, 0 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Floyd Oliver

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Flora Collins

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Mullen M.D.

(Address) Johns Hopkins Hosp.

15- Filed NOV 3 1915, 191. HARRY O. ARLREWS, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31 1915, to Oct 31 1915, that I saw him alive on Oct. 31, 1915, and that death occurred, on the date stated above, at 9 40 P m.

The CAUSE OF DEATH* was as follows:

Prematurity, non viable foetus.

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Syphilis

(Duration) yrs. mos. da.

(Signed) Wm. L. Mullen M. D.

Nov 1, 191. 5 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos 0 ds. In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	NOV 1 191...
20-UNDERTAKER	ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89324 C89324

CERTIFICATE OF DEATH.

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Oliver. (Not Given)

(Residence in Baltimore: No. 1933 E. Biddle St.; 0 yrs., 0 mos. 0 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, October 31, 1915.
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 1 hrs. or 20 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... infant

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Floyd Oliver

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Flora Collins

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Welch M.D.

(Address) Johns Hopkins Hospital

15- NOV 3 - 1915 Filed, 191... ROBERT O. ARNOLD Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 31, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 31 1915, to Oct. 31 1915, that I saw him alive on Oct 31 1915, and that death occurred, on the date stated above, at 9 40 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity, non viable foetus.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm. H. Welch M. D.

Nov 1, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Johns Hopkins Hospital

DATE OF BURIAL, NOV 1 1915

20-UNDERTAKER

ADDRESS

FOR ANATOMICAL PURPOSES

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

089325

CERTIFICATE OF DEATH.

151 089325

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 Loudon Av ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maurice Joseph Menele

(Residence in Baltimore: No. 106 Loudon Av St.: yrs.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 2, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 6 hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Maurice Menele

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER Ida Beehler

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maurice Menele

(Address) 106 Loudon

15- NOV 3 - 1915 HENRY O ANDERS,

Filed....., 191 Burial Permit Clerk's

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1915, to Nov 3 1915, that I saw h[illegible] alive on Nov 2 1915, and that death occurred, on the date stated above, at 2.30 Am.

The CAUSE OF DEATH* was as follows:

Premature Birth

Reduced at 8 Months

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Howard W Jones M. D.

Nov 3, 1915. (Address) Darlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, Nov 5, 1915

20-UNDERTAKER F B Kefauver ADDRESS 2238 Fredk Ave

C89326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 C89326

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 226 W Hamburg St ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Mitchell

(Residence in Baltimore: No. 226 W Hamburg St St. 50 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Calvert C o Md

PARENTS.

10-NAME OF FATHER, ~~Unknown~~ Cornelius Mitchell

11-BIRTHPLACE OF FATHER (State or Country), ~~Unknown~~ Md

12-MAIDEN NAME OF MOTHER ~~Unknown~~ Caroline Murray

13-BIRTHPLACE OF MOTHER (State or Country), ~~Unknown~~ Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Mitchell

(Address) 26 W Hamburg St

15- NOV 3 - 1915 1915 ROBERT . FRAZIER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~His~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senile Decay

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. ds.

(Signed) E L Lampl (Coroner.) M. D.

Nov 2, 1915 (Address) 517 Scot. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Natural Grn	Nov 4, 1915
20-UNDERTAKER	ADDRESS
Smith & Chadwick	1417 Mosher St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89327

CERTIFICATE OF DEATH.

41 C89327

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 W. Lanvale ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella E. Wolk.

(Residence in Baltimore: No. 1715 W. Lanvale St.; ...yrs., ...mos. ...ds.)

Wife

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 31st, 1863
(Month) (Day) (Year)

7-AGE, 51 yrs. 0 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Oliver Dilworth

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Caroline T. Marks.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Howard Ogleby M.D.

(Address) 20 N. Carrollton Ave.

15- NOV 3 - 1915 ROBERT . KRAUTER, Registrar.
Filed....., 191...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 2nd, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 15th 1915, to Nov. 2nd 1915, that I saw h[er] alive on November 2nd 1915, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

1. Clinical Diagnosis
Carcinoma of Omentum
& Mesentery & Mesenteric Glands

(Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary) Metastasis to Glands
& Anaemia (Duration) ...yrs. 2 mos. ...ds.

(Signed) J. Howard Ogleby M. D.

Nov. 3rd, 1915. (Address) 20 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Nov. 5, 1915
UNDERTAKER Mrs A. Rohde & Son	ADDRESS 730 Penna. Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89323 HEALTH DEPARTMENT—CITY OF BALTIMORE 89323

CERTIFICATE OF DEATH. 123

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1224 Mc Culloh ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Grape

(Residence in Baltimore. No. 1224 Mc Culloh St. 65 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 6, 1845 (Month) (Day) (Year)

7-AGE, 80 yrs. 5 mos. 27 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. retired
(b) General nature of industry, business, or establishment in which employed (or employer). Coal Mer.

9-BIRTHPLACE, (State or Country). Md = Balto

PARENTS.

10-NAME OF FATHER. George Grape

11-BIRTHPLACE OF FATHER (State or Country). Md =

12-MAIDEN NAME OF MOTHER. Charlotte Sanders

13-BIRTHPLACE OF MOTHER (State or Country). Md =

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sophia T. Grape

(Address) 1224 Mc Culloh St.

15- Filed NOV 3 - 1915, 191. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 2nd, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1915, to Nov. 2nd 1915, that I saw h[im] alive on Nov. 2nd 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Kidney Colic

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 1 ds.

(Signed) Henry T. Reynolds M. D.

Nov. 3rd, 1915. (Address) 2024 Pt. Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, Nov. 5th 1915

20-UNDERTAKER, E. M. Mate Lee & Co. — ADDRESS 120 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89329 — 64 — C89329

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 904 Harden Court St. 23 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Owens.

(Residence in Baltimore: No. 904 Harden Court St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Widowed

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 55 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Hardware Store

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Owens

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Giles

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Owens

(Address) 314 Myrtle Ave

15- NOV 3 - 1915 Filed ..... 191.. ROBERT F. RAITHER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 2, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Sudden

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edw Gruenfeld M. D. (Coroner.)

Nov. 3, 1915. (Address) 507 Lex Mkt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	Nov 4, 1915

20-UNDERTAKER Walter Owens ADDRESS 314 Myrtle Ave

Spec.—5-19-13—M. & T.—500 Bks.

C89330

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89330

CERTIFICATE OF DEATH.

REGISTERED NO. C 4120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3136 West ST.; 24 WARD)

2-FULL NAME Elizabeth Brant

(Residence in Baltimore: No. 313 E West St.: 67 yrs., 2 mos. 3 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Aug 29, 1848 (Month) (Day) (Year)

7-AGE: 67 yrs. 2 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Andrew Brant

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Fahey

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Brant

(Address) 313 E West St

15- Filed NOV 3 - 1915, 191.... ROBERT J. KRAETER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1915 to Nov 1 1915; that I saw h[illegible] alive on Nov 1 1915; and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Uraemic Coma

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(Duration) yrs. mos. 2 ds.

(Signed) [illegible] M. D.

Nov 2, 191 5 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Nov 4, 191[illegible]

20-UNDERTAKER [illegible] — ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89331 — ×45 C89331

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar Walls.

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ....yrs. ....mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 10 (Day), 1876 (Year)

7-AGE, 39 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car Shops
(b) General nature of industry, business, or establishment in which employed (or employer): Freeman

9-BIRTHPLACE, (State or Country), Ohio.

PARENTS.

10-NAME OF FATHER, John Walls

11-BIRTHPLACE OF FATHER (State or Country), Ohio.

12-MAIDEN NAME OF MOTHER Jane Wanner

13-BIRTHPLACE OF MOTHER (State or Country), Ohio.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp.

15- NOV 3 - 1915 Filed....., 191.....

ACCEPTED FOR BURIAL PERMIT S.H.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 27 1915, to Nov. 3 1915, that I saw him alive on Nov. 3, 1915, and that death occurred, on the date stated above, at 3:20 p. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

Cerebello-Pontine

Medulla

(Duration) 5 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. C. Hunt M. D.

Nov. 3, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 229 Whitestone St. Bucyrus Ohio

19-PLACE OF BURIAL OR REMOVAL, Bucyrus Ohio — DATE OF BURIAL, Nov. 4, 1915.

20-UNDERTAKER Albert E. Fuller — ADDRESS 221 N Bradley

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89332

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89332

CERTIFICATE OF DEATH.

74

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2412 E Fairmount Ave ST. 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ambrose M France

(Residence in Baltimore: No. 708 N Howard St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Oct (Month) 19th (Day), 1833 (Year)

7-AGE, 80 yrs. 0 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Muckloy

(Address) 29 N. Eutaw Ave

15- Filed NOV 3 - 1915, 191 Burial Permit Number. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward J. Russell M. D. (Coroner.)

Nov. 2nd, 1915. (Address) N.E. N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Nov 4, 1915

20-UNDERTAKER H E Stughel — ADDRESS 172 Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89333

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89333

CERTIFICATE OF DEATH.

188

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1525 W. Saratoga ST.; 19 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura B. Warner

(Residence in Baltimore: No. 1937 W. Saratoga St.: yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1862 (Year)

7-AGE, 53 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, James Davis

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Alcid Kurtz

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Warner

(Address) 1937 W. Lexington St

15- Filed NOV 3 - 1915 ROBERT F. KRAUSER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Unknown

Sudden

(Duration) yrs. mon. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mon. ds.

(Signed) Paul Weinberg (Coroner) M. D.

Nov. 2nd 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Fowler Park

DATE OF BURIAL, Nov 4, 1915

20-UNDERTAKER John Herron & Son

ADDRESS 701 Holly

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89334

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C89334

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1402 Rutter ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Carrie Patterson

(Residence in Baltimore: No. 1418 Rutter St.: ~~yrs.~~ 2 mos. ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Sept 2, 1915 (Month) (Day) (Year)

7 AGE: ~~yrs.~~ 2 mos. ~~ds.~~ If LESS than 1 day, ...hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Mercy Hospital, Baltimore

PARENTS

10 NAME OF FATHER: Joseph Foster

11 BIRTHPLACE OF FATHER (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Martha Patterson

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martha Patterson

(Address) 1402 Rutter St

NOV 4 - 1915 Filed ....., 191 HENRY O. ANDERS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1915, to Nov 2 1915, that I saw h[illegible] alive on Nov 2, 1915, and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY): Asthenia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), E. C. Ballard M. D.

Nov 3, 1915 (Address) 162 W Mt Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Nov 4, 1915

20 UNDERTAKER: Philip B. Pye — ADDRESS: 102 E Mulberry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C89335

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 N Bruce av ST.; 19 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jaenette James

(Residence in Baltimore: No. 242 N Bruce av St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, August (Month) 6. (Day) 1887 (Year)

7-AGE, 35 yrs. 2 mos. 27 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Charles James

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Mollie Marshall

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Sidney

(Address) 1008 N. Carey St.

15- NOV 4 - 1915 HARRY O. ANDREWS, Filed ....., 19.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1915, to Nov 2 1915, that I saw her alive on Nov 2 1915, and that death occurred, on the date stated above, at 1115 P m.

The CAUSE OF DEATH* was as follows:

Lacefay Brights Disease

(Duration) yrs. 4 mos. 5 ds.

CONTRIBUTORY (Secondary) Brights

(Duration) yrs. 4 mos. 5 ds.

(Signed) Lelf W Kennard M. D.

Nov 2 1915. (Address) 708 Eason av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Nov 4, 1915

20-UNDERTAKER Felix B Pye

ADDRESS 102 E Mullen

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 C89336

1-PLACE OF DEATH. CITY OF BALTIMORE (No. Pronounced dead at Mercy Hospital St. 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Baulks

(Residence in Baltimore: No. 107 E. Mulberry St.) (7 yrs., 9 mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~, (Write the word.)
Male	Colored	Child

6-DATE OF BIRTH: February (Month) 2 (Day), 1908 (Year)

7-AGE: 7 yrs. 9 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Wm. Baulks.

11-BIRTHPLACE OF FATHER (State or Country), City.

12-MAIDEN NAME OF MOTHER Martha Bates

13-BIRTHPLACE OF MOTHER (State or Country), Talbot Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Harden.

(Address) 107 E. Mulberry St.

15- NOV 4 - 1915 (Month), 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident. Struck & ran over by electric car

Instantaneous (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. H. Hamilton (Coroner.) M. D.

Nov. 3, 1915 (Address) 18 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Nov 4th, 1915
20-UNDERTAKER	ADDRESS
Felix B. Pye.	102 E. Mulberry St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89337 C89337

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 339 So. Payson ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A. Barnes

(Residence in Baltimore: No. 339 So. Payson St.: 10 yrs, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, January 26, 1857 (Month) (Day) (Year)

7-AGE, 58 yrs. 9 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Carroll Co. Md

PARENTS.

10-NAME OF FATHER, Henry Nicklas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Madeline E. Barnes

(Address) 339 So. Payson St.

15- NOV 4 - 1915 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 1, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1915, to Nov 1 1916, that I saw her alive on Nov 1 1916, and that death occurred, on the date stated above, at 930 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Walter A. Cox M. D.

11-2, 1915. (Address) 543 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Nov 4, 1915

20-UNDERTAKER Lowe Cook — ADDRESS 926 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89333

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

152 C89333

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1270 Riverside Ave ST.: 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Harrigan

(Residence in Baltimore: No. 1270 Riverside Av ST.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov (Month) 3 (Day) 1915 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 5 min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Geo. W. Harrigan

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Mary V. Winkal

13-BIRTHPLACE OF MOTHER (State or country): Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Moorwood Harrigan

(Address) 1270 Riversdeave

15. Filed NOV 4 - 1915, 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 3 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1915 to Nov 3 1915, that I saw h-- alive on Nov 3, 1915, and that death occurred, on the date stated above, at 10.05 P.M.

The CAUSE OF DEATH* was as follows:

Instrumental delivery

(Duration) ..... yrs. ..... mos. 5 min

Contributory (SECONDARY) Breech presentation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. H. Streett M.D.

Nov 4, 1915 (Address) 431 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross A. & C. Co

DATE OF BURIAL: Nov. 4, 1915

20-UNDERTAKER: H. & M. H. Hagen

ADDRESS: 1422 Light

Spec.—8-24-14—M. & T.—2000 Bks.

C89339

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 C89339

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thomas

(Residence in Baltimore: No. 127 N. Milton Ave St.; 45 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	married

6-DATE OF BIRTH, September 28, 1865 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
50 yrs. 1 mos. 5 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (Balto City)

PARENTS.

10-NAME OF FATHER, Albert Thomas

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Sophie Ellen

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-
Filed NOV 4 - 1915, 19.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 2, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 21 1915, to November 2 1915, that I saw h.. alive on November 2 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Stricture of oesophagus

(Duration) yrs. mos. 1 ds.

(Signed) H. H. Glover M. D.

Nov 2, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State 50 yrs. 1 mos. 5 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 124 N. Milton Av.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cemetery	Nov. 5, 1915
20-UNDERTAKER	ADDRESS
Robert F. Durner	Broadway & Oliver St

Spec.—8-24-14—M. & T.—2000 Bks.

C89340

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89340

CERTIFICATE OF DEATH.

× 114

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Estes Kennedy

(Residence in Baltimore: No. University Hosp St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH. Unknown (Month) ..... (Day) 1862 (Year)

7-AGE. 53 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country). Caldwell County N. C.

PARENTS.

10-NAME OF FATHER. Louis Estes

11-BIRTHPLACE OF FATHER (State or Country). North Carolina

12-MAIDEN NAME OF MOTHER. Caroline Corpenin

13-BIRTHPLACE OF MOTHER (State or Country). North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. M. Bunn Dallas M.D.

(Address) Dallas N. C.

15- NOV 4 - 1915 Filed ....., 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 4th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1st 1915, to Nov 4th 1915, that I saw h.. alive on Nov 1st 1915, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

..... Dyspepsia

.....

.....

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Cholelithiasis

..... (Duration) 8 yrs. X mos. X ds.

(Signed) A. S. Coleman M. D.

1914, 191.5 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 3 ds. In the State — yrs. — mos. 3 ds.

Where was disease contracted, if not at place of death? Former residence

Former or usual residence Tryon N. C.

19-PLACE OF BURIAL OR REMOVAL, Tryon N C. DATE OF BURIAL, Nov 6, 191.5

20-UNDERTAKER Jos D. Cook ADDRESS 1002 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89341 HEALTH DEPARTMENT—CITY OF BALTIMORE C89341

CERTIFICATE OF DEATH. × 1

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Kipling

(Residence in Baltimore: No. University Hospital St.; ....yrs.,....mos. 11 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1878. (Year)

7-AGE, 37 yrs....mos....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seaman
(b) General nature of industry, business, or establishment in which employed (or employer). U.S. Navy

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Jas Kipling

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Alice Dyer

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp

(Address) Lombard & Greene Sts

15- Filed NOV 4 - 1915, 191... HARRY O. ANDREWS, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 3rd (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct - 22 1915, to Nov 3 1915, that I saw h[illegible] alive on Oct - 22 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ....yrs. ....mos. 2 1 ds.

CONTRIBUTORY (Secondary) Cardio-Vascular

(Duration) ....yrs. ....mos. 4 ds.

(Signed) M D Eyans Jr. M. D.

....., 191... (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State ....yrs. ....mos. 11 ds.

Where was disease contracted, if not at place of death? S.S. Glenisk

Former or usual residence England

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill | DATE OF BURIAL, Nov. 5, 191...

20-UNDERTAKER J J Cook | ADDRESS 1031 Bath

Spec.—8-24-14—M. & T.—2000 Blks.

C89342 HEALTH DEPARTMENT—CITY OF BALTIMORE C89342

CERTIFICATE OF DEATH.

50
REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 W. Barre St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Macke

(Residence in Baltimore: No. 645 W. Barre St.; 57 yrs., 3 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	widower

6-DATE OF BIRTH, Aug. 1, 1858
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
57 yrs. 3 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Jewelry Store
(b) General nature of industry, business, or establishment in which employed (or employer): Ret.

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Macke

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dorothea Kuper

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence E. Macke

(Address) 645 W. Barre St.

15-
Filed NOV 4 - 1915, 191..
HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 3, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 25 1915, to Nov. 3 1915, that I saw h[illegible] alive on Oct. 25. 1915, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. 6 mos. ds.

(Signed) W. C. Fleming M. D.

Nov. 5, 1915. (Address) 618 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemy	Nov. 5., 1915.
20-UNDERTAKER	ADDRESS
Jos. Jourdens Son	2[illegible] S. Bro

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C89343

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 W Hoffman ST.: 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Myers (Myers)

(Residence in Baltimore: No. 532 W. Hoffman St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1 ..... (Year)

7-AGE, 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Williams

(Address) 1941 Mulberry St.

15-

Filed NOV 4 - 1915, 191.....

ROBERT O. ANDREWS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 1 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1915, to Nov 1, 1915, that I saw h alive on Oct 31 1915, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Syphilis Cerebral Meningitis

(Indefinite) Heart Failure

Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart Failure Valvular

6 days (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) J. Edward Fisher M. D.

....., 191... (Address) 1613 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem

DATE OF BURIAL, Nov 4, 1915

20-UNDERTAKER Jacob A. Elliott

ADDRESS 1116 East Pratt St,

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-28-13—M. & T.—500 Bks.

C89341

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89341

CERTIFICATE OF DEATH.

8 1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Ensor St.; 10 WARD)

REGISTERED NO. C 1216

2-FULL NAME William B Marshall

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 714 Ensor St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1846 (Month) (Day) (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coachman B.O.
(b) General nature of industry, business, or establishment in which employed (or employer): Stable.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Marshal

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ellen Spicer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Marshall

(Address) 714 Ensor St

15-

Filed NOV 4 - 1915, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 1, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1915, to Nov 1, 1915, that I saw h[illegible] alive on Nov 1, 1915, and that death occurred, on the date stated above, at 1230 m.

The CAUSE OF DEATH* was as follows:

Astro Furiositis of Cerebrum

5 mo. (Duration) — yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Pneumonia & Heart failure

two mos. (Duration) — yrs. 2 mos. — ds.

(Signed) J. Edward Fisher M. D.

Nov 2, 1915. (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Nov. 4, 1915

20-UNDERTAKER Robert A. Elliott. — ADDRESS 506 East St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89345

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89345

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 606 N. Eden ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Cole

(Residence in Baltimore: No. 606 N. Eden St.; 1 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ? (Month), 1 (Day), (Year)

7-AGE, 24 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, Litton Fields

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Annie Benson

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Coney

(Address) 1651 Madison St

15- NOV 4 - 1915 Filed, 191. HARRY O. ANDREWS, Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 2, (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 15 1915, to Nov. 2, 1915, that I saw her alive on Nov. 1, 1915, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Anemia Primary

(Duration) yrs. 1 mos. ds.

(Signed) [illegible] M. D.

Nov. 2, 1915 (Address) 606 N. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury Cemetery	Nov. 6, 1915
20-UNDERTAKER	ADDRESS
T. O. Groves	740 McCulloh St

Spec.—8-24-14—M. & T.—2000 Blks.

C89346

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89346

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Linden Ave ST.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irma Dalsemer Pretzfelder

(Residence in Baltimore: No. 2400 Linden ave. St.; 29 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-~~COLOR OR RACE~~, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 19th, 1885
(Month) (Day) (Year)

7-AGE, 29 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Philadelphia. Pa.

PARENTS.

10-NAME OF FATHER, Henry C Dalsemer.

11-BIRTHPLACE OF FATHER (State or Country), Natchez Miss.

12-MAIDEN NAME OF MOTHER Matilda Greenwald

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia. Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Irma Dalsheimer

(Address)..... Baltimore Md.

15- NOV 4 - 1915

Filed....., 191.... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28th 1915, to Nov 3rd 1915, that I saw h[er] alive on Nov 3 1915, and that death occurred, on the date stated above, at 8.15 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid fever Complication with pulmonary T.B. acute haemorrhagic nephritis & Blood culture + Widal

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Childbirth 9 week ago

(Duration) yrs. mos. ds.

(Signed) L. K. Hirshberg M. D.

Nov 3, 1915. (Address) 1927 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yr. mos. ds. In the State 29 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Probably at Hospital (Typhoid)

Former or usual residence Was in Mercy Hospital in August

19-PLACE OF BURIAL OR REMOVAL, Lutheran Cem. DATE OF BURIAL, Nov 5

20-UNDERTAKER Fahrney & Co ADDRESS 1611 Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89347 HEALTH DEPARTMENT—CITY OF BALTIMORE C89347

CERTIFICATE OF DEATH. 42

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. 1510 E Monument ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Taylor

(Residence in Baltimore: No. 1510 E monument St.; Lifetime yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Dont Know (Month) (Day), 1876 (Year)

7-AGE, 39 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John W Hall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER anna Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Jno. H. Taylor

(Address) 1510 E Monument St

15-

Filed NOV 1 1915 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 7 1915, to Nov 2 1915, that I saw h alive on Oct 31 1915, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

Carcinoma of Uterus

Influenza Chronic Pleurisy

2 yrs (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza & Heart Failure

(Duration) yrs. 1 mos. ds.

(Signed) J. Edmund Fisher M. D.

191... (Address) 1612 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cmtry — DATE OF BURIAL, Nov 4..., 1915

20-UNDERTAKER John H Owens — ADDRESS 222 Dunn

Spec.—8-24-14—M. & T.—2000 Bks.

C89348

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89348

CERTIFICATE OF DEATH.

41

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 S Streeper St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Moroney

(Residence in Baltimore: No. 808 S Streeper St.; 20 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Not Known ....., 1 .....
(Month) (Day) (Year)

7-AGE. 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John Moroney

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Moroney

(Address) 808 S Streeper

15- NOV 4 - 1915 Filed....., 191.. HARRY O ANDREWS, Circuit Court No 1 Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov 2 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1915, to Nov 1 1915, that I saw h[illegible] alive on Nov 1 1915 and that death occurred, on the date stated above, at 1045 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Intestines

Operation

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Ileosis

(Duration) yrs. mos. 10 ds.

(Signed) W P Grant M. D.

Nov 3, 191.. (Address) 2008 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Nov 5, 191.

20-UNDERTAKER Frank Cracknell Son — ADDRESS 1904 Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

Jacob Baroiak.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89349 C89349

CERTIFICATE OF DEATH.

8 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Baroiak - Barciak

(Residence in Baltimore: No. 707 S. Dallas St St.; 19 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Married

6-DATE OF BIRTH, Don't Know. (Month), 1 (Day) (Year)

7-AGE,	If LESS than 1 day,
42 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Canning.

9-BIRTHPLACE, (State or Country), Austria Poland.

PARENTS.

10-NAME OF FATHER, Dont Know.

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland.

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Baroiak.

(Address) 707 S. Dallas St.

15- NOV 4 - 1915 NOREEN A. KRAUTER, Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3 1915, to Nov 3 1915, that I saw him alive on Nov 3 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Aortic + Mitral Insufficiency

Aortic - Edema -

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(Duration) yrs. mos. 10 ds.

(Signed) Asem V. Emlund M. D.

Nov. 3, 1915 (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 707 S. Dallas St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Nov 6th, 1915.
20-UNDERTAKER	**ADDRESS**
M. F. Sadowski.	705 S. Ann St

Spec.—5-19-13—M. & T.—500 Bks.

Joseph J. Pukalski

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89350

C89350

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 406 S Madeira St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph J. Pukalski

(Residence in Baltimore: No. 406 S Madeira St; 29 yrs. 7 mos. 2 ds.)

406 S. Madeira St

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March (Month) 2 (Day), 1886 (Year)

7-AGE, 29 yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Canning

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Jacub Pukalski.

11-BIRTHPLACE OF FATHER (State or Country). German Poland.

12-MAIDEN NAME OF MOTHER Annie Kobelska.

13-BIRTHPLACE OF MOTHER (State or Country), German Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Pukalska.

(Address) 406 S. Madeira St

15- Filed NOV 4 - 1915, 191. ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1915, to Nov 3 1915, that I saw him alive on Nov 3 1915, and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs.

(Duration) 2 yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary) T.B. Lungs

(Duration) 2 yrs. 3 mos. 5 ds.

(Signed) D. G. W. Kinnamon M. D.

Nov 4 1915. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
St. Stanislaus.	Nov 6 1915
20-UNDERTAKER W. F. Sadowski,	ADDRESS 705 S. Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89351 40 C89351

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1119 S. Binney ST.; 1 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michal Slovich

(Residence in Baltimore: No. 1119 S. Binney St.; 35 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-[illegible] OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 29 (Day), 1850 (Year)

7-AGE, 65 yrs. mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bot Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Bap. Factory

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Wojchie Slovich

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Katarzyna Dominika

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Slovich

(Address) 1119 S. Binney

15- Filed NOV 4 - 1915, 191. ROBERT F. KRAUTER, Registrar. [illegible] Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1915, to Nov 3 1915, that I saw him alive on Nov 3 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Oesophagus

Clinical History 5 (Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. B. Jackson M. D.

Nov 4, 1915. (Address) 3025 O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus bam — DATE OF BURIAL, Nov 5, 1915

20-UNDERTAKER Stephen J. Kalkowski — ADDRESS 1019 S. Kenwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99 C89352

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 St Paul St. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Wallace Spence

(Residence in Baltimore: No. 1205 St Paul St

St.: 75 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, 18 Oct 1815 (Month) (Day) (Year)

7-AGE, 100 yrs. mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Financier

9-BIRTHPLACE, (State or Country), Edinborough Scotland

PARENTS.

10-NAME OF FATHER, John Spence

11-BIRTHPLACE OF FATHER (State or Country), Edinborough

12-MAIDEN NAME OF MOTHER, Sarah Dupon

13-BIRTHPLACE OF MOTHER (State or Country), Edinborough Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. W. Spence Jr

(Address) 1205 St Paul St

15- Filed NOV 4 - 1915 ROBERT . KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 3 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1915 to Nov 3 1915, that I saw h m alive on Nov 2 1915, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Infirmities of age

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Partial abscess

(Duration) yrs. mos. 10 ds.

(Signed) J. W. Drew Buckler M. D.

Nov 3, 1915. (Address) 836 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Nov 5, 1915

20-UNDERTAKER John B Spence — ADDRESS 1325 N Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89353 HEALTH DEPARTMENT--CITY OF BALTIMORE C89353

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 170

CITY OF BALTIMORE (No. 2111 Druid Hill Ave ST.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie E. Scott

(Residence in Baltimore: No. 2111 Druid Hill Ave St.: 25 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Unknown (Month), 1 (Day) (Year)

7 AGE: 54 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9 BIRTHPLACE (State or country): St Catherines Canada

PARENTS

10 NAME OF FATHER: John W Scott

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Louis Scott

(Address): 411 Druid Hill Ave

15 NOV 4 - 1915 Filed ....., 191 ROBERT . KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 2 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from October 29, 1915 to Nov 2 1915

that I saw her alive on Nov 2 1915

and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Nephritis

Chronic Interstitial

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY) Cardiac Dilatation

(Duration) yrs. — mos. 1 ds.

(Signed) R. BLAKE M. D.

Nov. 4, 1915 (Address) 67 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Nov. 5, 1915

20 UNDERTAKER: James H. Dennis — ADDRESS: 1303 Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89354 109 C89354

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ellen Knowles (Knowles)

(Residence in Baltimore: No. 1218 Cleveland St ST.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug. (Month) (Day) 1852 (Year)

7-AGE, 63 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Wm Lynch

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Roach

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Knowles

(Address) 1218 Cleveland

15- Filed NOV 4 - 1915, 191.. ROBERT . KRAUTHOFF, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 13 191 5, to Nov 2 191 5, that I saw h[illegible] alive on Nov 2 191 5, and that death occurred, on the date stated above, at 1 1/2 m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Intestinal adhesions

(Duration) 7 yrs. mos. ds.

(Signed) L. Houston Poulson M. D.

Nov 2, 191 5 (Address) Union Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1218 Cleveland St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Nov. 5, 1915

20-UNDERTAKER Jas. Dignan's Son — ADDRESS 1009 S. Paca

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89355

CERTIFICATE OF DEATH.

6 C89355

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Lemon St ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas P Healey

(Residence in Baltimore: No. 920 Lemon St St.; 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. March 12, 1906 (Month) (Day) (Year)

7-AGE. 9 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. William Healey

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Agnes Keyhoe

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Healey

(Address) 920 Lemon St

15- NOV 4 - 1915 ROBERT . KRAUTER Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 3rd, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1st 1915, to Nov 3rd 1915, that I saw h[illegible] alive on Nov 3rd 1915, and that death occurred, on the date stated above, at 5 45 P m.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 1 1/2 ds.

(Signed) Benj Embleton M. D.

Nov 4, 1915. (Address) 404 N. Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery DATE OF BURIAL. Nov 5, 191..

20-UNDERTAKER John F Herman & Son ADDRESS 901 Hollins St

8 a m

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89356

1-PLACE OF DEATH

170 C89356

REGISTERED NO. C

CITY OF BALTIMORE (No. 1391 Pappleton St.; 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Mc Kenna

(Residence in Baltimore: No. 1391 Pappleton St; St.; yrs. mos. ds.)

att 20

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: unknown, 1 (Month) (Day) (Year)

7-AGE: 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House (at Home)
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: William Mc Kenna

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Rose Mc Sin

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Mc Kenna

(Address) 1391 Pappleton st

15. Filed NOV 4 - 1915 M. ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 4 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1915, to Nov 4 1915, that I saw h[illegible] alive on Nov 4, 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Asphixia

(Duration) don't Know yrs. mos. ds

Contributory (SECONDARY) Myocarditis (Duration) Don't Know yrs. mos. ds.

(Signed) John A Cleary M. D.

10/7/15, 191 (Address) 101 N. Caey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Nov 6, 191 5

20-UNDERTAKER: John J Corwan

ADDRESS: 901 Hollins st

Spec.—8-24-14—M. & T.—2000 Bks.

C89357

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89357

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Weber

(Residence in Baltimore: No. 3517 York Road. St.: 64 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 11, (Month) (Day) 1861. (Year)

7-AGE, 54 yrs. 6 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Harness Maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Weber

11-BIRTHPLACE OF FATHER (State or Country). German

12-MAIDEN NAME OF MOTHER Anna Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Henderson

(Address) 3617 York Road.

15-

Filed NOV 5 1915 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 4th 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 11th 1915, to Nov. 4th 1915, that I saw him alive on Nov. 4th 1915, and that death occurred, on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis 2 Hypostatic Pneumonia.

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) ? yrs. ? mos. ?

(Signed) Frank E Shipley M. D.

Nov 4 1915 (Address) Md. Gen. Hospl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 19 ds. In the State 54 yrs. ....mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 3517 York Road.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Nov. 6, 1915

20-UNDERTAKER Robt J Turner

ADDRESS 1424 29 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89353

HEALTH DEPARTMENT---CITY OF BALTIMORE

C89353

CERTIFICATE OF DEATH

120

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 N. Durham ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Rebecca Henry (Henry)

(Residence in Baltimore: No. 1603 N. Durham St.; Life yrs. mos. ds.)

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Dec. Ember (Month) 4 (Day) 1839 (Year)

7-AGE: 75 yrs. 11 mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto City Maryland

PARENTS

10-NAME OF FATHER: ——— Smith

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Miller (daughter)

(Address) 1603 N. Durham St

15-

Filed NOV 5 - 1915, 191.....

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 4 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 1914, to, Nov. 4 1915, that I saw h.... alive on Nov. 3 1915, and that death occurred, on the date stated above, at 1:25 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Chronic Nephritis
3 (Duration) mos. ds.
Contributory (SECONDARY) Acute Dilatation of the Heart
(Duration) yrs. mos. ds.

(Signed) Edgar P. Sandrock M. D.

Nov. 7 1915 [Address] 1600 N. Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Nov 6, 1915

20-UNDERTAKER: Robert J. Turner — ADDRESS: Broadway & River Sts

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89359

CERTIFICATE OF DEATH.

104 C89359

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1133 Hanbert St. Lower Fount) St.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Ofsik

(Residence in Baltimore: No. 1133 Hanbert, Lower Fount, St.; yrs., 5 mos. 11 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, May (Month) 24 (Day), 1915 (Year)

7-AGE, yrs. 5 mos. 11 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Zygmunt Ofsik

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Walerya Monkolska

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Zygmunt Ofsik

(Address) 1133 Hanbert

15- NOV 5 - 1915 HERBERT O. ANDREWS, Burial Permit Clerk.

Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 3 1915, to Nov. 4 1915, that I saw him alive on Nov. 3 1915, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Diarrhoea

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John H. Rehberger M. D.

Nov 4, 1915. (Address) 1709 Alice Anna St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Nov. 5, 1915

20-UNDERTAKER, William Fialkowski

ADDRESS, 1618 Eastern Ave.

C89360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 64 C89360

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Charles & Pratt Sts ST. 18 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Guiseppa Saia

(Residence in Baltimore: No. 126 N Fremont St St. 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Oct (Month) ..... 19 (Day), 1862 (Year)

7-AGE,	If LESS than 1 day,
53 yrs. mos. 15 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dealer in fruit
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, John Saia

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Angela Dianna

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs G Saia

(Address) 126 N. Fremont St

15- Filed NOV 5 - 1915, 19... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov (Month) ..... 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Sudden

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) M. D.

Nov 4, 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Nov 5 1915
20-UNDERTAKER	ADDRESS
John J Fahey & Sons	1318 Light St

I. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89361

C89361

115

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Gen Hosp ST.,) 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie Elizabeth

(Residence in Baltimore: No. 1627 W. Franklin St. 1 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feby. 8th, 1891 (Month) (Day) (Year)

7-AGE, 24 yrs. 9 mos. 25 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland Balto City

PARENTS.

10-NAME OF FATHER, John J. Hynes

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Mary Kupfer

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Hynes

(Address) 1627 W. Franklin

15- Filed NOV 5 - 1915, 191 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 3, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1915, to Nov. 3, 1915, that I saw h- alive on Nov. 3, 1915, and that death occurred, on the date stated above, at 9:40 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

..... (Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) Septic Bronchopneumonia (Duration) ....yrs. ....mos. 3 ds.

(Signed) Elmer Hartzman M. D.

11-3-, 1915. (Address) Union Mem. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State 24 yrs. 9 mos. 25 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1627 W. Franklin

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov. 7, 1915

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 1101 N. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AGE should be stated EXACTLY. PHYSICIANS should state

C89362

HEALTH DEPARTMENT---CITY OF BALTIMORE

C89362

CERTIFICATE OF DEATH

151

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2131 Hanover ST.: City WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Roeder

(Residence in Baltimore: No. 2131 Hanover St.; ..... yrs. ..... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: October 29, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Christian Roeder

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Mary Meyer

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Christian Roeder
(Informant)
2131 Hanover Ave
(Address)

15- NOV 5 - 1915 Filed ....., 191 ..... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 5, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1915, to, Nov 5 1915, that I saw h.. alive on Nov 5 1915, and that death occurred, on the date stated above, at 1-30 a m.

The CAUSE OF DEATH* was as follows:

Bronchus Pneumonia
about 6-7 months (Contributory)

..... (Duration) ..... yrs ..... mos ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos ..... ds.

(Signed) J. C. Houck M.D. M. D.

Nov 5 1915 [Address] 1973 Hanover Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov 8, 1915

20-UNDERTAKER: C. A. Riedfield Jr.

ADDRESS: Freemont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89363

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89363

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Harlem Ave ST.; 16 WARD) REGISTERED NO. C 9

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola M Kaiser

(Residence in Baltimore: No. 913 Harlem Ave St.; 6 yrs., 2 mos. 26 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug (Month) 9 (Day), 1909 (Year)

7-AGE, 6 yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Chester F. Kaiser

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Isabella Korbs

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester F. Kaiser

(Address) 913 Harlem Ave

15- Filed NOV 5 - 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 3 1915, to November 4 1915, that I saw her alive on November 4 1915, and that death occurred, on the date stated above, at 4:30 p m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Toxic Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) F. N. Stanner M. D.

11/4, 1915. (Address) 317 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Nov 5, 1915

20-UNDERTAKER W. H. Tickner & Son ADDRESS North & Penn

2 P.M.

Spec.—8-24-14—M. & T.—2000 Bks.

C89364 HEALTH DEPARTMENT—CITY OF BALTIMORE C89364

CERTIFICATE OF DEATH. 78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Dolphin ST.; 17 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward T. Cole

(Residence in Baltimore: No. 531 Dolphin St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) 46 (Year)

7-AGE, 46 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work waiter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Cole

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Harriet Primrose

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Cole

(Address) 531 Dolphin st

15- NOV 5 - 1915 HARRY O ANDREWS,
Filed....., 191.. Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 3 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Nov 3 1915, that I saw him alive on Nov 2 1915, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

Asthma (Duration) 2 yrs. mos. ds.

(Signed) A. Wade M. D.

Nov 3, 1915 (Address) 2 Monument Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cemetery

DATE OF BURIAL, Nov 5, 1915

20-UNDERTAKER John H Fordney

ADDRESS 142 N Hilles st

Spec.—5-19-13—M. & T.—500 Bks.

C89365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17° C89365

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Sq. 1608, ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Virtue

(Residence in Baltimore: No. 1921 Pennsylvania ave. St.; 88 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Jan. (Month) 27 (Day), 1827 (Year)

7-AGE, 88 yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer P.R.R.
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Bucks Co Md

PARENTS.

10-NAME OF FATHER, William Virtue

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER — Murgan

13-BIRTHPLACE OF MOTHER (State or Country), Bucks Co Md. ~~Not known~~

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John N Emrett

(Address) 1535 N Broadway

15- NOV 5 - 1915 Filed....., 191.. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1915, to Nov. 4 1915, that I saw him alive on Nov. 4 1915, and that death occurred, on the date stated above, at 5.30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Eugene F. Swann M. D.

Nov. 4, 1915 (Address) Franklin Sq. 1608

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State 88 yrs. 9 mos. 27 ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1921 Penn. ave.

19-PLACE OF BURIAL, OR REMOVAL. Lorraine Cemetery — DATE OF BURIAL. Nov. 7, 1915

20-UNDERTAKER E. D. Fanning — ADDRESS 1938 E Lafayette ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C89366 — 79 C89366

1-PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. 755 Eden St. St.; 3 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Rapel (Raffel)

(Residence in Baltimore: No. 755 Eden St. St.; 15 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, about ....., 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. mos. ds. If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Raffel

(Address) 755 Eden St

15- Filed NOV 5 - 1915, 191... HARRY D. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 5, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1913, to Nov 5 1915, that I saw h[illegible] alive on Nov 5 1915, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. mos. ds.

(Signed) [illegible] M. D.

Nov 5, 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Herrn Rm	11/5, 191..

20-UNDERTAKER Jack Lewis — ADDRESS 1419 E Balt

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89367 — 152 — C89367

8

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 104 W. North Ave ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John William Sherman.

(Residence in Baltimore: No. 104 W. Norths ave St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single.

6-DATE OF BIRTH: November 2, 1915 (Month) (Day) (Year)

7-AGE: — yrs. — mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City.

PARENTS

10-NAME OF FATHER: John Andrew Sherman

11-BIRTHPLACE OF FATHER (State or country): Maryland.

12-MAIDEN NAME OF MOTHER: Grace Henry Abraham

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Brown.

(Address) 2012 Maryland Ave

NOV 5 - 1915 Filed . 191

HARRY O. ANDREAS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. 5th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd, 1915, to Nov. 5th 1915, that I saw him alive on Nov. 4th, 1915, and that death occurred, on the date stated above, at 3:45 a.m.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage, following intramuscular chloroform.

(Duration) — yrs. — mos. 3 ds.

Contributory (SECONDARY) none.

(Duration) yrs. mos. 2. ds.

(Signed) Edward Brown. M. D.

(Address) 2012 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Nov 5th 1915

20-UNDERTAKER: E. M. Mitchell & Co. — ADDRESS: 120 W. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89368 — 132 C89368

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Virginia Pitts

(Residence in Baltimore: No. 413 W. Saratoga St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 5, 1889 (Month) (Day) (Year)

7-AGE, 26 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), ~~Va~~ Virginia

PARENTS.

10-NAME OF FATHER, Alfred Pitts.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Morales

(Address) 328 N Greene st

15- NOV 5 1915 Filed NOV 5 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 4, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10/31 1915, to 11/4 1915, that I saw h[illegible] alive on Nov 4 1915, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Salpingitis.

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Post operative shock

(Duration) 9 hours yrs. mos. ds.

(Signed) A. S. Coleman M. D.

11/4, 1915. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence 413 W Saratoga st

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, Nov 6, 1915

20-UNDERTAKER P. M. Routzon — ADDRESS 230 N Greene

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89369

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Pennsylvania Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A Wilson

(Residence in Baltimore: No. 1226 Pennsylvania Ave St.; 24 hrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, ... 32 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver Wagon
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Geog Hall

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Fannie Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Wilson

(Address) 1226 Pennsylvania Ave

15-

NOV 5 - 1915 MARK O ANDREWS,

Filed ....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 3 ..... (Month) ..... (Day) ....., 191.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 10 191 5, to Nov 3 191 5, that I saw h... alive on Nov 3 191 5, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

Tuberculosis

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas F Schaefer M. D.

Nov 5, 191.. (Address) 1128 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Nov 6 ..., 1915
20-UNDERTAKER	ADDRESS
John A Henderson	317 Caroline

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89370

CERTIFICATE OF DEATH.

151 C89370

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 776 W. Lexington ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Schuh Walter, Dec.

(Residence in Baltimore: No. 776 W Lexington St.; yrs. 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Oct. 21, 1914 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE, (State or Country): Balto Maryland.

PARENTS.

10-NAME OF FATHER, Wm Walter Sr.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Emma Medford.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Cox

(Address) 776 W Lexington St

15- Filed NOV 6 - 1915, 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 21 1915, to Oct 6 1915, that I saw him alive on Oct 4. 1915, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis

Chronic Nephritis Complete

Duration: yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. Friedenwald M. D.

Oct. 5, 1915 (Address) 1211 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem	Nov 6, 1915
20-UNDERTAKER	ADDRESS 1039
C. Schlosman Son	Hanover st.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89371

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89371

CERTIFICATE OF DEATH

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C 29

CITY OF BALTIMORE: (No. 10 St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Jones

(Residence in Baltimore: No. Little Sisters of the Poor St.; ..... yrs. Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE White | 5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word) Single

6-DATE OF BIRTH Sept (Month) 23 (Day) 1842 (Year)

7-AGE 73 yrs. 9 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Owen Jones

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Ellen Killgaby

13-BIRTHPLACE OF MOTHER (State or country) Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed NOV 6 - 1915 ROBERT . KRAUTER, Vital Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended ~~deceased~~ from Nov 4 1915, to, ... 191..., that I saw h.. alive on Nov 4 191..., and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

Unknown (Duration) yrs. mos. ds.

Contributory (SECONDARY) .....

..... (Duration) yrs. mos. ds.

(Signed) E. Kilbourne M. D.

Nov 4 1915 [Address] 1133 Valley st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 12 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Cathedral | DATE OF BURIAL Nov 6, 1915

20-UNDERTAKER R. C. Kendrick | ADDRESS 914 Gramm Av.

State NAME OF INFORMANT should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Emma J. Brace.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89372 40 C89372

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Dumbarton ST.; 9 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Jane Brace

(Residence in Baltimore: No. 611 Dumbarton St.; 3 yrs., 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 28 (Day), 1849 (Year)

7-AGE, 66 yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Springfield Ohio

PARENTS.

10-NAME OF FATHER, Henry S. Brace

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Mary B. Wiley

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Effie Brace Freer

(Address) 611 Dumbarton Ave

15- NOV 6 - 1915 Filed..... 191.. ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1915, to Nov 5 1915, that I saw her alive on Nov 5 1915, and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

(a) Carcinoma of Liver

(b) Chronic Cholecystitis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Marion Estelle Dreaman M. D.

Nov 5, 1915. (Address) 2439 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ft Athens W Va — DATE OF BURIAL, Nov 5, 1915

20-UNDERTAKER Chas F Ernst & Son — ADDRESS 1518 N Royal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89373

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89373

CERTIFICATE OF DEATH.

X 45

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T. Allen

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ..... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	married

6-DATE OF BIRTH, Dec. 17th (Month) (Day), 1874 (Year)

7-AGE, 40 yrs. 10 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wagon.

9-BIRTHPLACE, (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, Harry W. Allen

11-BIRTHPLACE OF FATHER (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER Annie Campbell

13-BIRTHPLACE OF MOTHER (State or Country), South Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... S. Boyd

(Address)..... Johns Hopkins Hosp.

15- NOV 6 - 1915 ROBERT , KRAUTER, Registrar.
Filed..... 191..

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 5th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 3rd 1915, to Nov. 5th 1915, that I saw h[illegible] alive on Nov. 5th 1915, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Larynx

..... (Duration) 1 yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Edema Larynx following operation ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. R. Black M. D.

Nov. 5th, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ✓ yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Florence, South Carolina

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Dillon S C,	Nov. 6th, 1915.
20-UNDERTAKER Ellis & Fuller	ADDRESS 221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89374

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89374

CERTIFICATE OF DEATH.

167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST.) 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Legg.

(Residence in Baltimore: No. 1126 Sargeant St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Sept. (Month) 15th (Day), 1910 (Year)

7-AGE, 5 yrs. 9 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Nathaniel Legg.

11-BIRTHPLACE OF FATHER (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER Gertrude Randall

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Legg.

(Address) 1126 Sargeant St.

15- NOV 6 - 1915 Filed....., 191.. ROBERT J. KRAUTER, Special Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 3rd (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns, Playing with matches
Accident
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Emil Kleinberg M. D. (Coroner.)

Nov. 3rd, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State 5 yrs. 11 mos. ....ds.

Where was disease contracted, if not at place of death? 1126 Sargeant St.

Former or usual residence 1126 Sargeant St.

19-PLACE OF BURIAL OR REMOVAL, Mt Cliet. DATE OF BURIAL, NOV 6 - 1915, 19..

20-UNDERTAKER Geo. J. Curran & Son. ADDRESS 901 Hollins

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C89375

CERTIFICATE OF DEATH.

119 C89375

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 N. Curley ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Fricka (Fricka)

(Residence in Baltimore: No. 400 N. Curley St.; 16 yrs., 7 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH March 11th, 1899 (Month) (Day) (Year)

7-AGE, 16 yrs. 7 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, James Fricka

11-BIRTHPLACE OF FATHER (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER Anna Velenovsky

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Fricka

(Address) 400 N. Curley St.

15- Filed NOV 6 - 1915 ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 4, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1st 191.5, to Nov 4 191.5, that I saw h.r alive on Nov 3 191.5, and that death occurred, on the date stated above, at 7.55 a. m.

The CAUSE OF DEATH* was as follows:

.....

Acute Nephritis

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY..... (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

Nov 4, 191.5 (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Nov 6....., 191.5.
20-UNDERTAKER Geo. M. Fink	ADDRESS 84 N Mad[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89376 ×125 C89376

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp 4 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME W. H Cohwe (Cohwe)

(Residence in Baltimore: No. University Hosp St.; yrs. mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1853 (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, W. Cohwe

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Elizabeth Grohwn

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) V. J. Deceased

(Address) University Hosp.

15- Filed NOV 6 - 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 4 1915, to Nov 5 1915, that I saw h[illegible]dive on Nov 5 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Rupture of the Urea
+ Uremia in filtration

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Operative Shock

(Duration) 0 yrs. mos. 1 ds.

(Signed) A. S. Coleman M. D.

11/5, 1915. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State + yrs. 7 mos. 1 ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence Greensboro Md.

19-PLACE OF BURIAL OR REMOVAL, Greensboro Md. DATE OF BURIAL, Nov. 6, 1915

20-UNDERTAKER George J. Smith ADDRESS 708 Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

C89377 ×82 C89377

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr John A Murphy

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., 1 mos. 11 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, August (Month) 15 (Day), 1823 (Year)

7-AGE, 92 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Physician
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, John Murphy

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Sarah Beidleman

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- ROBERT . KRAUTER

Filed NOV 6 - 1915 191.. Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 3 (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23 191.. , to November 3 191.. , that I saw h— alive on November 3 191.. , and that death occurred, on the date stated above, at 9.20 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Prostatic Hypertrophy

(Duration) 10 yrs. ..... mos. ..... ds.

(Signed) Addison Jones M. D.

Nov 4, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Bristol Tenn.

19-PLACE OF BURIAL OR REMOVAL, Bristol Tenn — DATE OF BURIAL, Nov. 6, 1915.

20-UNDERTAKER Albert E Fuller — ADDRESS 221 N Broadway

C89378

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C89378

REGISTERED No. C.

1 PLACE OF DEATH

OF BALTIMORE: (No. 1127 Forest Ave St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Robinson

(Residence in Baltimore: No. 1127 Forest Ave St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col'd

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1 (Year)

7-AGE: 60 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Md. Balto City

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country):

12-MAIDEN NAME OF MOTHER:

13-BIRTHPLACE OF MOTHER (State or country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lizzie Robinson

(Address) 1127 Forest Ave

15- Filed NOV 6 - 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 5 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 3, 191 5, to, Nov 5 191 5, that I saw h— alive on Nov 4 191 5, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) yrs 2 mos. ds.

Contributory (SECONDARY) Pulmonary Oedema

(Duration) yrs mos. 24 ds.

(Signed) Wm. H. Howard M. D.

Nov 6, 191 [Address] Baltimore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: National Cemetery — DATE OF BURIAL: Oct 8 1915

20-UNDERTAKER: Charles B. Jones — ADDRESS: 1118 W. Saratoga

N. B.—Everything of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89379

CERTIFICATE OF DEATH.

151 C89379

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 N. Broadway ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L. Bader

(Residence in Baltimore: No. 1330 N. Broadway St.; ....yrs., 5 mos. 20 da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 15 (Day) 1915 (Year)

7-AGE, ...yrs. 5 mos. 20 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph. A. Bader

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Helen Clemens

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Helen Bader

(Address) 1330 N. Broadway

15- NOV 6 - 1915 HARRY O. ANDREWS, Filed....., 191..., Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1915, to Nov 5, 1915, that I saw him alive on Nov 5, 1915, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration)....yrs. 3 mos.....da.

CONTRIBUTORY (Secondary).....

(Duration)....yrs....mos....da.

(Signed) A. J. See Jno guess M. D.

Nov 6 1915 (Address) 12 & E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery (~~Balto~~) DATE OF BURIAL, November 7 191...

20-UNDERTAKER Henry Hoeck & Son ADDRESS 1301 E Eager St

C89330

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89330

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1011 W. Saratoga ST. 18 WARD) 91 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma M. Sommerville

(Residence in Baltimore: No. 1011 W. Saratoga St.; yrs., mos. 7 ds.)

N.B—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Oct. (Month) 27th (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Wm. Sommerville

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Emma Henson

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Sommerville

(Address) 1011 W. Saratoga St

15- Filed NOV 6 - 1915 191.. HARRY G ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 4th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jarrett Bunkas, M. D. (Coroner.)

Nov. 5th, 1915. (Address) 2202 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Nov. 6., 1915
20-UNDERTAKER Wilbert Brown	ADDRESS 306 N Mount St.

C89331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C89331

CITY OF BALTIMORE (No. 1551 Woolyear street, ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lilian Corbin,

(Residence in Baltimore: No. 1551 Woolyear street, St. 5 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, April (Month) 8th (Day), 1893. (Year)

7-AGE, 22 yrs. 6 mos. 24 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House servant,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Henry Corbin,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Mary Henries,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosie Corbin, sister,

(Address) 1551 Woolyear street.

15- NOV 6 - 1915 Filed....., 191. Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Frederick Kemper M. D. (Coroner)

Nov. 3d 191. 5 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. — In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
Cardings by Breezes	
20-UNDERTAKER	ADDRESS
Sam'l Diggs Hse	1600 Pennsylvania ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89382

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

CERTIFICATE OF DEATH.

C89382

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1004 Pennsylvania avenue, ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A. Stuart,

(Residence in Baltimore: No. 1004 Pennsylvania avenue, St. 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, October (Month) 22nd (Day), 1883 (Year).

7-AGE, 32 yrs. 0 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic,
(b) General nature of industry, business, or establishment in which employed (or employer): Private homes,

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Charles Stuart,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Mary Davis,

13-BIRTHPLACE OF MOTHER (State or Country), Bombay, India.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Williams, mother,

(Address) 924 Pear street.

15- Issued NOV 6 - 1915 191. MARY C. ARMIGER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 4th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular heart disease,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemper M. D.
(Coroner)

Nov. 6th, 191 5 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Nov. 6, 1915.
20-UNDERTAKER Daniel Easton	ADDRESS 916 Pa ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

C89383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C89383

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2710 Fait Ave ST.: 1 WARD)

2-FULL NAME Josef Zgurieki

(Residence in Baltimore: No. 2710 Fait Ave St.: yrs. 27 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 19, 1888.
(Month) (Day) (Year)

7-AGE, 27 yrs. 7 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Schall Packing Co.

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: August Zgurieki

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Josephine Arciszewska

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Zgurieki

(Address) 2710 Fait Ave

15- NOV 6 - 1915 MARY O. ALLEN

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 5, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. W. Jones M. D.
(Coroner.)

Nov. 5, 1915. (Address) 211a Edmondson Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	Nov 8, 1915

20-UNDERTAKER: Stephen J Trachowski

ADDRESS: 1019 S Kenwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied.

C89384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169

C89384

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Foot of Thames ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roger Lee

(Residence in Baltimore: No. 504 S. Grace St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown (Month) ....., 1853 (Day) (Year)

7-AGE, 32 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Chesapeake Coal Co

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....Morris Brown

(Address)....108 W. Montgomery St

15- NOV 6 - 1915 BUREAU OF VITAL STATISTICS

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Accidental Drowning .....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed)..... C. W. Jones M. D.
(Coroner.)

Nov 6....., 1915. (Address)..... 3116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL Dickeyville Cem. Md DATE OF BURIAL, Nov 9, 1915

20-UNDERTAKER J. H. Brown & Son ADDRESS 108 N. Monty St

C89385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89385

1 PLACE OF DEATH — REGISTERED No. C 79

CITY OF BALTIMORE (No 1421 Eutaw Place St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Evan Thomas Elliott

(Residence in Baltimore: No. 1421 Eutaw Place St.: — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH March 4, 1889 (Month) (Day) (Year)

7 AGE 26 yrs. 8 mos. 2 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Actor
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Chicago Ills.

PARENTS

10 NAME OF FATHER Evan Thomas Elliott

11 BIRTHPLACE OF FATHER (State or country) Washington D. C

12 MAIDEN NAME OF MOTHER Alice B. Elliott

13 BIRTHPLACE OF MOTHER (State or country) Louisiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos. P. McCormick

(Address) 1421 Eutaw Place

15 NOV 6 - 1915 Filed ....., 191 HARRY O. ANDREWS REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 6th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1915, to Nov. 6, 1915, that I saw him alive on Nov. 6, 1915, and that death occurred, on the date stated above, at 12-30 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. 4 mos. ds

Contributory (SECONDARY) Cerebral Embolism

(Duration) — yrs. — mos. 4 ds.

(Signed) Thos. P. McCormick M. D.

Nov. 6, 1915 (Address) 1421 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL London Park Cem. — DATE OF BURIAL Nov. 7, 1915

20 UNDERTAKER McLean & Jones — ADDRESS 833 Linden Ave

C89386

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89386

CERTIFICATE OF DEATH.

28

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 931 Hubard alley ST.: 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Simon Warner

(Residence in Baltimore: No. 931 Hubard alley St., yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 6th (Day), 1866 (Year)

7-AGE, 47 yrs. 3 mos. 30 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Steamfitter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Isaac Warner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Ruff

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Warner

(Address) Rockeburg Md

15- NOV 6 - 1915 Burial Permit Clerk.

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 5th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward Kunkel M. D.
(Coroner)

Nov 6, 1915 (Address) 156 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Nov. 6th, 1915

20-UNDERTAKER Frederick Lovelace Evans

ADDRESS Fullerton Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

8

C89387

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St. WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Feimer Feimer

(Residence in Baltimore: No. 1418 Okenicut Alt St.; 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White.	Single

6-DATE OF BIRTH, November 1 (Month) (Day) (Year)

7-AGE, 14 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Hungary.

PARENTS.

10-NAME OF FATHER, Adam Feimer

11-BIRTHPLACE OF FATHER (State or Country), Hungary

12-MAIDEN NAME OF MOTHER Mont Know

13-BIRTHPLACE OF MOTHER (State or Country), Mont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas Feimer

(Address) 1404 Hanbert St

15- NOV 6 - 1915 Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 5th; 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16th 1915, to Nov 5th 1915, that I saw h alive on Nov 5th 1915, and that death occurred, on the date stated above, at 5.00 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Appendicitis

(Duration) yrs. mos. 3 wks. ds.

(Signed) Frank E. Shipley M. D.

Nov 5th, 191... (Address) 1418 Okenicut Alt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State 4 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Locust Point, Md.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery R.C. | DATE OF BURIAL, Nov 7, 191.5

20-UNDERTAKER P. F. M. D. Flynn | ADDRESS 1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89383

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89383

CERTIFICATE OF DEATH.

105

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William McGrath

(Residence in Baltimore: No. 1802 Slingluff Ave., Walbrook St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

6-DATE OF BIRTH: Nov. 4, (Month) (Day) 1907 (Year)

7-AGE: 8 yrs. 0 mos. 2 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boy
(b) General nature of industry, business, or establishment in which employed (or employer): ?

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: John McGrath

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary McGowan

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Shannon

(Address) 1802 Slingluff Ave

15- NOV 6 - 1915 MARK O. ALLEN, Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 4, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1915, to Nov. 4 1915, that I saw h[illegible] alive on Nov. 4 1915 and that death occurred, on the date stated above, at 4.50 P.M.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer Perforated

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Peritonitis

(Duration) 3 hrs. yrs. mos. ds.

(Signed) Edward P. Smith M. D.

Nov. 4, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 mos. ds. In the State 7 yrs. mos. ds.

Where was disease contracted, if not at place of death? Do not know

Former or usual residence 1802 Slingluff Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral	Nov. 8, 1915
20-UNDERTAKER	ADDRESS
Robert J. Turner	Broadway Ave

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89389

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH U. S. Marine Hospital — REGISTERED No. C 89389

CITY OF BALTIMORE: (No. U. S. Marine Hospital ST.) 679 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George B. Reynolds

(Residence in Baltimore: No. 1903 W. Lafayette Ave St.; 35 yrs. ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Aug 20 (Month) 1875 (Day) (Year)

7-AGE: 40 yrs. 2 mos. 14 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Light House Service

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John Reynolds

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Anna Brown

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant: Elizabeth W. Reynolds

(Address) 1903 W. Lafayette ave

15-NOV 6 - 1915 Filed .191 Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 4 (Day) 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 16/15, 191 to Nov 4 1915, that I saw him alive on Nov 4 1915, and that death occurred, on the date stated above, at 7.20 a.m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart. (Acute)

(Duration) 5 6 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Chas H. Vogel M. D.

Nov 4 ,1915 [Address] U. S. Marine Hosp

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 1903 W. Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL: Loraine Cem DATE OF BURIAL: Nov 7 ,1915

20-UNDERTAKER: Geo. Weber & Son ADDRESS: 2503 Edmondson ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C89390 C89390

CERTIFICATE OF DEATH

92

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1377 Whitecroat St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ruth Douglass

(Residence in Baltimore: No. 1377 Whitecroat St.: yrs. 8 mos. 23 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Mar 10 (Month), 1915 (Year)

7 AGE: 8 yrs. 23 mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Watkins

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Douglas

13 BIRTHPLACE OF MOTHER (State or country): Balto Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mary Douglass
(Address): 1377 Whitecroat St

15 Filed NOV 6 - 1915, 191 — HARRY O ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 3 (Month) (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1915, to Nov 3, 1915, that I saw h[er] alive on Nov 3, 1915, and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia (Duration) yrs. mos. 3 ds.

Contributory (SECONDARY) Asphyxia (Duration) yrs. mos. 1 ds.

(Signed) I E Douglass M. D.

Nov 3, 1915 (Address) 162 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Nov 6, 1915

20 UNDERTAKER: James H Dennis — ADDRESS: 1303 Pennsa Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89391 C89391

717

1-PLACE OF DEATH Maryland Steril Hospital REGISTERED No. C

CITY OF BALTIMORE: (No. The Washington Apartments ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Fowler Jaques

(Residence in Baltimore: No. Lee. Charles and Monument Sts. St.; ..... yrs., 1 mos. 14 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Married.

6-DATE OF BIRTH, September 8, 1873.
(Month) (Day) (Year)

7-AGE, 72 yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or ....mtn.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Tea Merchant.

9-BIRTHPLACE, (State or Country), Vermont.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) K. B. Jaques

(Address) 3704 Sheridan Rd Chicago Ill

15- NOV 6 - 1915 MARY O. ANDREAS,
Filed....., 191. Burial Permit Clerk's Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 8, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1915, to Nov 5 1915, that I saw him alive on Nov 5 1915, and that death occurred, on the date stated above, at 10.20 a.m.

The CAUSE OF DEATH* was as follows:

Pesinoma of abdomen,
Operation —

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY. (Secondary) Fatty degen. heart
arteriosclerosis. (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) K. B. Weinstock M. D.

Nov. 6th, 1915. (Address) 645 Park Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. 1 mos. 14 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Chicago Ill.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Chicago Ill	11-8-, 1915

20-UNDERTAKER	ADDRESS
Henry W. Faulkner Undertaking Co.	W. Fallon & Howard Sts.

CAUSE OF DEATH must be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

089392 24 089392

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Butler

(Residence in Baltimore: No. 744 W Franklin St St.; 16 yrs., 9 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, February 3, 1899
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
16 yrs. 9 mos. 2 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School boy.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City Maryland

PARENTS.

10-NAME OF FATHER, Wm. Butler

11-BIRTHPLACE OF FATHER (State or Country), Va Culpeper Co

12-MAIDEN NAME OF MOTHER Marion Preston

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed NOV 6 - 1915, 191.... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 30 1915, to November 5 1915, that I saw h[illegible] alive on November 5 1915, and that death occurred, on the date stated above, at 3:20 p.m.

The CAUSE OF DEATH* was as follows:

Tetanus following injury - kick by a horse

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Accidental

(Duration) ....yrs. ....mos. ....ds.

(Signed) P. H. Clough M. D.

Nov 5, 191.. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State 16 yrs. 9 mos. 2 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 744 W. Franklin St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, Nov 8 1915.

20-UNDERTAKER, Samuel Kenny | ADDRESS 57 Fo Bond

If the certificate is not properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks

C89393

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89393

CERTIFICATE OF DEATH.

170

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 W. Lafayette Ave., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Clay Duvall.

(Residence in Baltimore: No. 1304 W. Lafayette Ave St.; 50 About yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct (Month) 20 (Day), 1864 (Year)

7-AGE, 71 yrs. mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Solicitor for
(b) General nature of industry, business, or establishment in which employed (or employer): Telephone Company

9-BIRTHPLACE, (State or Country), Maryland South River Anne Arundel Co.

PARENTS.

10-NAME OF FATHER, Samuel E Duvall.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Adeline E. Sleymaker

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel A. Duvall

(Address) 1304 W. Lafayette Ave

15-

Filed NOV 6 - 1915 by ALBERT O. ANDRES, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1. 1915, to Nov 5 1915, that I saw him alive on Nov 4 1915, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Hepatitis Chronic

(Duration) 7 yrs. 8 mos. 4 ds.

CONTRIBUTORY (Secondary) Endocarditis.

(Duration) 7 yrs. 7 mos. 14 ds.

(Signed) Geo. C. Shannon M. D.

Nov 6, 1915 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md. DATE OF BURIAL. Oct 8, 1915

20-UNDERTAKER H. Fahey & Son ADDRESS 606 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89394

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C89394

Registered No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1144 Fenn Ave St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edward Sassaway

(Residence in Baltimore: No. 1144 Penn Ave St. 60 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Unknown (Month) (Day), 1832 (Year)

7 AGE: 83 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Generali

9 BIRTHPLACE (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lauder Carter

(Address) 1144 Penna Ave

15 NOV 6 - 1915 Filed, 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1915, to Nov [illegible], 1915, that I saw h[illegible] alive on Nov 3, 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Uremia Sclerosis

(Duration) yrs. 5 mos. ds

Contributory (SECONDARY): Senility

(Duration) yrs. mos. ds.

(Signed) J C Stewart M. D.

Nov 5, 1915 (Address) 120 Biddle St E

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 11 6 1915

20 UNDERTAKER: Samuel H Kemsley — ADDRESS: 578 W Biddle

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89395 x 124 C89395

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Lee Wales

(Residence in Baltimore: No. 3 days Johns Hopkins Hos St.; ... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Aug. 2nd (Month) (Day), 1914 (Year)

7-AGE, 1 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Oregon

PARENTS.

10-NAME OF FATHER, Edgar Wales

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Marion Perkins

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... E Rosel

(Address)..... Johns Hopkins Hospital

15- NOV 6 - 1915 [illegible] TO ANDREWS, Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 5th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2nd 1915, to Nov. 5th 1915, that I saw h[illegible] alive on Nov. 5th 1915, and that death occurred, on the date stated above, at 10 30 P.m.

The CAUSE OF DEATH* was as follows:

Pyelocystitis

..... (Duration) ... yrs. 1½ mos. ... ds.

CONTRIBUTORY (Secondary) Malnutrition

..... (Duration) ... yrs. ? mos. ... ds.

(Signed) Gilbert V. Rosenthal M. D.

Nov. 6th, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? /

Former or usual residence Easton - Maryland -

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Easton, Md.	11/7/15, 191...
20-UNDERTAKER Henry W. Preston & Son	ADDRESS 505 N. Calvert St

Via Balto. C. & A. Steamer - (in charge of Edgar Wales)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89396

CERTIFICATE OF DEATH.

79 C89396

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 Mura ST., 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Margaret V. Mc. Levy.

(Residence in Baltimore: No. 732 Mura St.; Yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct 15th 1847
(Month) (Day) (Year)

7-AGE, 68 yrs. — mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Mc. Levy

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Ann Mc. Khusky

13-BIRTHPLACE OF MOTHER (State or Country), Irelands.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie M. Levy.

(Address) 732 Mura St.

15- NOV 6 - 1915 Filed....., 191..... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1915, to Nov 5 1915, that I saw her alive on Nov 5 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Coma

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis ?

(Duration) 6 wks ? yrs. .....mos. .....ds.

(Signed) F. J. Kirby M. D.

Nov 6, 1915. (Address) 100 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Nov 8, 1915
20-UNDERTAKER	**ADDRESS**
H. C. Hudgins	1127 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C89337

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eric Hall.

(Residence in Baltimore: No. 1121 N. Port Street St.; ... yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Dec. 13th, 1884
(Month) (Day) (Year)

7-AGE, 29 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Hall

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie Tilee

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Bryant

(Address) Johns Hopkins Hospital

15- BOARD OF HEALTH,

Filed NOV. 7 - 1915 Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 5th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1915, to Nov. 5th 1915, that I saw h[illegible] alive on Nov. 5th 1915, and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) —

(Duration) ... yrs. ... mos. ... ds.

(Signed) Paul W. Clough M. D.

Nov. 6th, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State 1 yr. 1 mos. 1 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1121 Port Street

19-PLACE OF BURIAL OR REMOVAL, Aberdeen Md. DATE OF BURIAL, Nov. 7, 1915

20-UNDERTAKER W. J. Stephenson Sons ADDRESS Penn. North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89398 HEALTH DEPARTMENT—CITY OF BALTIMORE C89398

CERTIFICATE OF DEATH. 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Aliceanna ST.; V WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stefan Rybak.

(Residence in Baltimore: No. 1905 Aliceanna St.; yrs., 6 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Whit

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Apr. (Month) 13 (Day), 1915 (Year)

7-AGE, yrs. 6 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ignacy Rybak

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Petronela Kus

13-BIRTHPLACE OF MOTHER (State or Country), Galicia Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ignac Rybak

(Address) 1905 Aliceanna St.

15- NOV 7 - 1915 Health Officer

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Nov 6 1915, that I saw h[illegible] alive on Nov 6 1915, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ..yrs..mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..yrs..mos..ds.

(Signed) J. C. Thaentzen M. D.

Nov 6, 191.. (Address) 168 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs..mos..ds. In the State ..yrs..mos..ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Nov 9, 1915

20-UNDERTAKER William Fallstich

ADDRESS 168 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(89399) HEALTH DEPARTMENT---CITY OF BALTIMORE (89399)

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 613 N. Calvert St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Siegman

(Residence in Baltimore: No. 613 N. Calvert St.; about 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Mar 16, 1870 (Month) (Day) (Year)

7-AGE: 45 yrs. 7 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Can Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): in packing house

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Henry G. Siegman

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Frasch

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Frank Siegman

(Address): 724 N. Stricker St

15- NOV 7 - 1915 Filed ....., 191 HARRY O ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 4, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3, 1915, to Nov 4 1915, that I saw h-- alive on Nov 4 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever + pleurisy

(Duration) yrs 1 mos ds.

Contributory (SECONDARY): Coma

(Duration) P. yrs mos. 2 ds.

(Signed), H. E. Kupfer M. D.

Nov 4, 1915 [Address] 1062 W. Lanvale

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Evangelical Cemetery — DATE OF BURIAL: Nov 7 191

20-UNDERTAKER: Christian Miller — ADDRESS: 2334 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89400 C89400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 104

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 8 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilson Montgomery (Montgomery)

(Residence in Baltimore: No. 2044 Mura Street St.; ~ yrs. ~ mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	single

6-DATE OF BIRTH, Oct. 12th (Month) (Day), 1914 (Year)

7-AGE, 1 yrs. 2 mos. 24 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Montgomery

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Wisley

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Bryant

(Address) Johns Hopkins Hosp.

15- NOV 7 - 1915

Filed....., 191.. Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 5th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2nd 1915, to Nov. 5th 1915, that I saw him alive on Nov. 5th 1915, and that death occurred, on the date stated above, at 7:20 P. m.

The CAUSE OF DEATH* was as follows:

Indigestion Intestinal Acute

..... (Duration)....yrs....mos....7...ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)....yrs....mos....ds.

(Signed) Gilbert W. Rosenthal M. D.

Nov. 6, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 3 ds. In the State 1 yrs. 2 mos. 24 ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 2044 Mura Street

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	Nov. 8, 1915, 191...
20-UNDERTAKER	ADDRESS
Christian Meling	2344 Eastern Ave

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89401 — 79 — C89101

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis P. Gardiner

(Residence in Baltimore: No. 1900 W. Franklin St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, Feb 14th, 1833
(Month) (Day) (Year)

7-AGE, 82 yrs. 8 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edw. P. Gardiner

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Boarman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. P. Gardiner

(Address) Bryantown Md.

15-
NOV 7 - 1915
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 4 1915 to Nov. 5 1915, that I saw h[im] alive on Nov 5 1915, and that death occurred, on the date stated above, at 9.15 m.

The CAUSE OF DEATH* was as follows:

Arteio-Sclerosis
Bronchial Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 10 ds.

(Signed) Oscar D. Leyburn M. D.

Nov. 5, 1915. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence Bryantown Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Valdar - Md.	Nov. 8..., 1915.
20-UNDERTAKER	ADDRESS
Wm. M. Gaulter	1624 Mt Royal Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89402 C89402

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH Jan Port Infirmary

CITY OF BALTIMORE: (No. ST.) 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Harry Berman (Bowman)

(Residence in Baltimore: No. 1009 Granby St.

St.: 23 yrs. 4 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, ... Jan (Month) ..... 23 (Day) ..... 1892 (Year)

7-AGE, ... 23 yrs. 4 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Isaac Berman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lena Wagenheim

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... J. Lewis

(Address) ..... 1419 E. Balto St

15- NOV 7 - 1915 HARRY O ANDREWS,

Filed ....., 191.. .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) ..... 6 (Day) ..... 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1915, to Jan 6 1915, that I saw h[illegible] alive on Jan 6 1915, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Gonorrhea Cystitis Endocarditis

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Evans J Chaffee M. D.

Jan 6, 1915. (Address) 1 E 22

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 23 yrs. 4 mos. 14 ds.

Where was disease contracted, if not at place of death? — —

Former or usual residence 1009 Granby St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 11/7, 1915.

20-UNDERTAKER Jack Lewis

ADDRESS 1419 E. Balto St

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 C89403

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 504 W. Fayette St.; 4 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Samsell

(Residence in Baltimore: No. 504 W Fayette St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Nov (Month) 3 (Day), 1852 (Year)

7-AGE, 63 yrs. — mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Nicholas Samsell

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Adeline Gibson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Miss Virginia A Samsell
(Address) 504 W Fayette

15-
Filed NOV 7 - 1915 191... Burial Permit Issued
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 5 (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Jany 4 191 5, to Nov 4 191 5, that I saw h ℰ alive on Nov 4 191 5; and that death occurred, on the date stated above, at 730 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Multiple Arthritis

(Duration) 10 yrs. ... mos. ... ds.

(Signed) M A Winstead M. D.

Nov 5, 1915. (Address) 1604 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Stephens City Va

DATE OF BURIAL, Nov 8, 1915

UNDERTAKER William Cook

ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 C89404

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Homestead St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredrick Angust Ekas

(Residence in Baltimore: No. 1533 Homestead St.; 67 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 11 (Day), 1836 (Year)

7-AGE, 79 yrs. 2 mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Wheelwright
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Conrad Ekas

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lettie Ekas

(Address) 1533 Homestead

15- NOV 7 - 1915 HARRY D. ANDREWS,

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1915, to Nov 6 1915, that I saw h.m alive on Nov 6 1915, and that death occurred, on the date stated above, at 3.20 p.m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion Acute Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Indigestion

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. P. Cannon M. D.

Nov. 6, 1915 (Address) 1701 N Carlton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Presbyterian Cem. Balto. Co.

DATE OF BURIAL, Nov 8, 1915

20-UNDERTAKER John Cook

ADDRESS 1119 E. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C89405

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2031 Bank ST.; W WARD) REGISTERED No. C

2-FULL NAME Frank Weitzel

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2031 Bank St.; 64 yrs., 9 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Married

6-DATE OF BIRTH: February (Month) 2 (Day), 1851 (Year)

7-AGE, 64 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Henry Weitzel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Weitzel

(Address) 2031 Bank St

15-

Filed NOV 7 - 1915, 191. HARRY O. ANDREAS, STATE REGISTRAR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10" 1913, to Nov 6" 1915, that I saw him alive on Nov 5" 1915, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Margaret Robertson M. D.

Nov 6", 1915. (Address) 2179 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ..., 191...
Mt Carmel	11/8
20-UNDERTAKER Wm Cook	ADDRESS 847 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 C89406

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1003 N. Charles ST.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emilie J. Goldsborough Nicholson

(Residence in Baltimore: No. 1003 N. Charles St. St.; 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, 19th October, 1865
(Month) (Day) (Year)

7-AGE, 76 yrs. — mos. 24 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, H. H. Goldsborough

11-BIRTHPLACE OF FATHER (State or Country), Cambridge Md

12-MAIDEN NAME OF MOTHER Jane M. Edelen

13-BIRTHPLACE OF MOTHER (State or Country). St Mary's Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Goldsborough

(Address) 1003 N. Charles St.

15- NOV 7 - 1915 HARRY O. ANDREWS,
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 6th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1914, to Nov 6th 1915, that I saw h.. alive on Nov. 5th 1915, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
Clinical Diagnosis
(Duration) 2 yrs. — mos. ... ds.

CONTRIBUTORY (Secondary) None except general weakness
(Duration) ... yrs. ... mos. ... ds.

(Signed) J. G. Chatard M. D.
Nov 6th 1915. (Address) 49 W. 32nd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery
DATE OF BURIAL, 11-8-, 1915.

20-UNDERTAKER Henry H. Jenkins Sons Co
ADDRESS 700 Orchard St.

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 C89407

120 C89407

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1710 E. Biddle St.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. McGovern

(Residence in Baltimore: No. 1710 E. Biddle St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Unknown (Month) (Day) 1 (Year)

7-AGE about 52 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Carpet makers
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Vincent

(Address) 2228 Hanneman St.

15- Filed NOV 7 - 1915, 191

MARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov. 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17, 1915, to, Nov. 5 1915, that I saw h[illegible] alive on Nov. 4 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Myocarditis.
Endocarditis

(Duration) 2 yrs — mos. — ds.

Contributory (SECONDARY)

(Duration) mos. ds.

(Signed), Edgar P. Sandrock M. D.

Nov 5, 1915. [Address] 1601 W. Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

In place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Nov 8, 1915

20-UNDERTAKER: A. Fink & Son ADDRESS: 915 N. Gaylt

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89408 50 C89408

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 217 N Lakewood ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Faust.

(Residence in Baltimore: No. 217 N Lakewood St.; 67 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 29, 1848
(Month) (Day) (Year)

7-AGE, 67 yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Borcherding

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Ensting

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna M. Faust

(Address) 217 N. Lakewood

15- NOV 7 - 1915 MARK O. ANDREWS, Burial Permit Clerk

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 5th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4th 191 5, to Nov. 6th 191 5, that I saw her alive on Nov. 5th 191 5, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Diabetes Mellitus

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Sero

(Duration).....yrs.....mos.....ds.

(Signed) C. L. Meyer M. D.

Nov. 6, 191. 5 (Address) 4 E. N. Lakewood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Nov. 8, 1915

20-UNDERTAKER J. Herwig & Co. — ADDRESS 2008 Gleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89409

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

C89409

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Bletzer

(Residence in Baltimore: No. 722 S. Bond St.: 52 yrs. 7 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 25th, 1863 (Month) (Day) (Year)

7-AGE: 52 yrs. 7 mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Fire Department

9-BIRTHPLACE (State or country): Balto City Md.

PARENTS

10-NAME OF FATHER: John P. Bletzer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Annie M. Kappel

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie Bletzer

(Address) 722 S. Bond St

15 Filed NOV 7 - 1915, 191 HARRY O ARNOLD Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 4 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1915, to Nov 4 1915, that I saw him alive on Nov 4, 1915, and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas (Operation)

(Duration) ... yrs. ... mos. 30 ds

Contributory (SECONDARY) Pulmonary Edema

(Duration) ... yrs. ... mos. 2 Hrs

(Signed) M. B. Levice M. D.

Nov 4, 1915 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. 1 mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 722 S. Bond St.

Former or usual residence 722 S. Bond St.

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: Nov. 7th, 1915

20-UNDERTAKER: A. Sander & Sons ADDRESS: 1710 N. East St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89410 C89410

CERTIFICATE OF DEATH.

151
REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2576 W Balto St.; 20 WARD)
2-FULL NAME Infant of John M & Amelia Stoettmeier

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2576 W Balto St.; — yrs., — mos., 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWER, OR DIVORCED, (Write the word.)
Female	White	S

6-DATE OF BIRTH, Nov (Month) 4 (Day), 1915 (Year)

7-AGE, — yrs. — mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John M Stoettmeier

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Amelia Miller

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John M Stoettmeier
(Address) 2571 W Balto St.

15- HARRY O. [illegible]
Filed NOV 7 - 1915, 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 5th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1915, to Nov 5 1915, that I saw h— alive on Nov 5 1915, and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Convulsions Birth

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) — yrs. — mos. — ds.

(Signed) Edw Greenbaum M. D.

Nov 6, 1915. (Address) 511 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park.	Nov. 7, 1915
20-UNDERTAKER Geo. L. Schwab & Bro.	ADDRESS 2401 Fred'k Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89411

C89411

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 W. Hamburg ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard E. Woerner

(Residence in Baltimore: No. 619 W. Hamburg St.; 18 yrs. 2 mos. 28 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 14 (Day), 1897 (Year)

7-AGE, 18 yrs. 2 mos. 28 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Jr. Woerner

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mary Zebelein

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Woerner

(Address) 619 W. Hamburg St

15-

Filed NOV 7 1915 191.... HARRY D. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7, 1915, to Nov. 6, 1915, that I saw him alive on Nov. 5, 1915, and that death occurred, on the date stated above, at 1, a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) J. L. Templeton M. D.

Nov. 7, 1915. (Address) 645 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Nov. 8, 1915

20-UNDERTAKER H. E. Lackner Sons

ADDRESS Lemmon Walk

Spec.—8-24-14—M. & T.—2000 Bks.

C89412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 170 C89412

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2731 N Monroe St. 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Howard Wilmoth

(Residence in Baltimore: No. 273. N. Monroe St.; ...yrs., ...mos. ...da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown, 1 ..... (Month) (Day) (Year)

7-AGE, About 1 yrs. ... mos. ... da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Clerk on .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... U.S. Navy .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Wilmoth .....

(Address) 2731 W. North .....

15- NOV 7 - 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 5", 1915.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov Sept 9" 1915, to Nov 5 1915, that I saw h... alive on Nov 4" 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

..... Cardiac Asthenia .....
..... With Hypostatic Pulmonary .....
..... and Nephritis chronic .....
..... (Duration) ...yrs. 2 mos. 3 da.

CONTRIBUTORY (Secondary) Cardiac asthenia .....
..... (Duration) ...yrs. ...mos. 3 da.

(Signed) Hubert E. Tapp M. D.

Nov 5", 1915. (Address) 3052 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, Nov 8..., 1915

20-UNDERTAKER W. P. Tedrow & Son — ADDRESS Norman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

CB9413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CB9413

CERTIFICATE OF DEATH.

48

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 S. Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Ensor

(Residence in Baltimore: No. 234 S. Calhoun St.; 69 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Aug 4th, 1846
(Month) (Day) (Year)

7-AGE, 69 yrs. 3 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, William Linton

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Lemie Linton

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes A Ensor

(Address) 234 So Calhoun St

15-

Filed NOV 7 - 1915, 191.. Curtis Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1913, to Novm. 6, 1915, that I saw her alive on November 6, 1915, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic Arthritis

(Duration) Do not Know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Hood, M. D.

Novem. 6, 1915. (Address) 630 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Richard Cemetery — DATE OF BURIAL, Nov. 8th, 191..

20-UNDERTAKER Joseph B Cook — ADDRESS 1003 N Gay St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED NO. C89411

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4110 Kate Ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Koors

(Residence in Baltimore: No. 4110 Kate Ave St.; 56 yrs., 0 mos. 28 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct (Month) 7 (Day), 1859 (Year)

7-AGE, 56 yrs. 0 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). City

PARENTS.

10-NAME OF FATHER, Wm Koors

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Frederick

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arline Koors

(Address) 4110 Kate Ave

15- NOV 7 - 1915 [illegible] ARLEDGE, Registrar.

Filed....., 191..

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 19 1914, to Aug 6 1915, that I saw her alive on Aug 6 1915, and that death occurred, on the date stated above, at 7.08 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 4 yrs. mos. ds.

(Signed) N. S. Jones M. D.

Nov. 5, 191.5 (Address) 1235 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Nov 7, 1915

20-UNDERTAKER Wm J Tickner & Son ADDRESS North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89415

CERTIFICATE OF DEATH.

64 C89415

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 669 Josephine ST.: 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry J. Beck.

(Residence in Baltimore: No. 669 Josephine St.: 20 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) single

6-DATE OF BIRTH, Sept. (Month) 18 (Day), 1865 (Year)

7-AGE, 50 yrs. 1 mon. 18 da. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... livery Stable Mngr.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Conrad Beck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Katrina Baupel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick J. Beck

(Address) 1708 W. Fayette St

15- NOV 7 - 1915 HARRY O. ANDREWS, Burial Permit Clerk.

Filed....., 191.., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 4 1915, to Nov 6 1915, that I saw him alive on Nov. 5 1915, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexia

Paralysis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 10 yrs. 6 mos. ....ds.

(Signed) Wm Deyo M. D.

Nov. 6, 1915 (Address) Lutherville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Nov. 8, 1915
20-UNDERTAKER	ADDRESS
Joseph B. Cook	1003 W. Baltimore St

C89416

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89416

CERTIFICATE OF DEATH.

172

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Zachar.

(Residence in Baltimore: No. 853 N Madeira St.: yrs. 45 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John Zachor

11-BIRTHPLACE OF FATHER (State or Country), Bohemia.

12-MAIDEN NAME OF MOTHER Eva Rekert

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Zachar

(Address) 853 N. Madeira St

15-

Filed NOV 7 - 1915, 191 HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 5th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Accident)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fall from a tree

(Duration) yrs. mos. ds.

(Signed) Elijah T. Russell M. D. (Coroner.)

Nov 5th, 1915. (Address) 112 N Milton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 853 N. Madeira St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Nov 8, 1915.

20-UNDERTAKER Grant Crook & Son — ADDRESS 1904 Eastern Ave.

C89417

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

C89417

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 420 E. 20th St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Sweeney

(Residence in Baltimore: No. 420 E. 20th St.; 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov. (Month) 5 (Day), 1871 (Year)

7-AGE: 44 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Patrick Sinnott

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget Carroll

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno. P. Sweeney

(Address) 420 E. 20th St.

15- NOV 7 - 1915 HARRY D. WILLIAMS Burial Permit Clerk.

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from about Oct 1st, 1915, to Nov 5 1915, that I saw h alive on Nov 4 1915, and that death occurred, on the date stated above, at once m.

The CAUSE OF DEATH* was as follows:

Valv. disease of heart
(Dist Rheu Arthritis)
(Duration) yrs mos ds.

Contributory (SECONDARY) Acute Dilatation
(Duration) yrs mos ds.

(Signed) W. J. Kelly M. D.

Nov 5 1915 [Address] 1639 Bond

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov 8th 1915

20-UNDERTAKER: John A Brown — ADDRESS: Bank St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIAN should supply information if Coroner's should be supplied.

OOD A K S·A·F

Spec.—8-24-14—M. & T.—2000 Bks.

Goldie Hurland

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89418

CERTIFICATE OF DEATH.

92 C89418

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 S Carrollie ST.: 3rd WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Goldie Hurland

(Residence in Baltimore: No. 321 S. Carrollie St St.: 20 yrs., mos. ds.)

CAUSE OF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov ....., 18..... (Month) (Day) (Year)

7-AGE, 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Levis

(Address) 1419 E Baltd St

15- NOV 8 - 1915 MONROE A. KRAUTER, Filed ....., 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 29 1915, to Nov. 7 1915, that I saw h.. alive on Nov 6 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia C.L.

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Diarrhea

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) A. T. Lewis M. D.

Nov 7th, 1915. (Address) 24 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, 11/8, 1915

20-UNDERTAKER Jack Levis

ADDRESS 1419 E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89419

CERTIFICATE OF DEATH.

154 C89419

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 W Mulberry ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ward

(Residence in Baltimore: No. 211 W. Mulberry St. St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, unknown (Month) ..... (Day), 1845 (Year)

7-AGE, 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Ward

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Ann Crowley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bridget Ward

(Address) 211 W. Mulberry

15- Filed NOV 8 - 1915 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 6th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1915, to Nov 6th 1915, that I saw h.. alive on Nov 5th 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) ..... M. D.

Nov 7th, 1915. (Address) 60 W Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Leatherbarken — DATE OF BURIAL, Nov. 9, 1915

20-UNDERTAKER W E Gosson — ADDRESS 1056 W 37th St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x104 C89420

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kenneth Mozart Williams

(Residence in Baltimore: No. Mercy Hospital St.; 0 yrs., 0 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 31, 1915
(Month) (Day) (Year)

7-AGE, 0 yrs. 3 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none

9-BIRTHPLACE, (State or Country), Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER, Russell F. Williams

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Estella M. Gaitside

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. F. Williams

(Address) 103 Prospect Ave. Balti. Co. Md

15-

Filed NOV. 8 - 1915 Burial permit issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 7, 1915
(Month) (Day) (Year)

17) I HEREBY CERTIFY, That I attended deceased from Nov. 6 1915, to Nov 7 1915, that I saw him alive on Nov 7 1915 and that death occurred, on the date stated above, at 5:00 a m.,

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

Acute (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

Nov. 7, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 14 ds. In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death? 103 Prospect Ave Balto Co Md

Former or usual residence 103 Prospect Ave. Balti. Co. Md.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Nov. 8, 1915

20-UNDERTAKER Stewart & Company — ADDRESS 108 N North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89421 — 29 — C89421

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 729 N. Regester St. ; 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Nicholas Price

(Residence in Baltimore: No. 729 N. Regester St.)

St.: (yrs. 47 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ...-November-1868.... (Month) (Day) (Year)

7-AGE. ....47....yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Allen Bay Shipyard

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John Price

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ella Price
(Address) 729 N. Regester St.

15- Filed NOV 8 - 1915, 191.... ROBERT J. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 6th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. W. Jones (Coroner.) M. D.

Nov 6, 1915 (Address) 2116 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Nov 9th, 1915

20-UNDERTAKER H. Lander Sons ADDRESS 1710 Fleet St.

R. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89422

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89422

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Mercy Hospital St.: 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Grass

(Residence in Baltimore: No. 3016 O'Donnell St.; Life yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan. 12, 1879. (Month) (Day) (Year)

7-AGE, 36 yrs. 9 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, John Grass

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Mart

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Grass

(Address) 3632 E Lombard St

15- NOV 8 - 1915 MORRIS KRAUTER, Filed, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 6, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 6 1915, to Nov. 6 1915, that I saw h[im] alive on Nov. 6 191[5] and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Tubercular Laryngitis

Exhaustion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward P. Lund M. D.

Nov 7, 191[5] (Address) St Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 3016 O'Donnell St

Former or usual residence 3016 O'Donnell St

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Nov. 9, 191[5]

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Pleasant

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3016 O'Donnell St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89423 C89423

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Burrough. ST.; 24th WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Kosiorek.

(Residence in Baltimore: No. 1515 Burrough. St.; ...yrs... Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH October 25th, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 0 mos. 12 ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Stewnslaus Kosiorek.

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Rosa Kosiorek

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stan. Kosiorek

(Address) 1515 Burrough St

15- NOV 8 - 1915 Filed, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH November 6th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 7 1915, to Nov 7 1915, that I saw her alive on Nov 7 1915, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Malnutrition

about 1

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Maurice Jones M. D.

Nov 8, 1915. (Address) 1515 Burrough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, 11-8-15

20-UNDERTAKER E & B Hart — ADDRESS 115 E Hoffman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89424

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 92 C89424

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 730 Cumberland ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Gray

(Residence in Baltimore: No. " " " 730 Cumberland St.: 65 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: 2 (Month) 6 (Day), 1847 (Year)

7-AGE: 68 yrs. 9 mos. 4 ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Jacob Schnarr

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Julia Anna Lusta

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rosa Burton

(Address) " Balto Co.

15. Filed NOV 8 - 1915 ROBERT . KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 11 (Month) — 6 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-1-1915, to 11-6-1915, that I saw her alive on 11-6-1915, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Lobula Pneumonia

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) L. F. Frey M. D.

11-7-1915 (Address) 2726 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 11/9 1915

20-UNDERTAKER: Harry W. Ehlen — ADDRESS: 1906 W. Monument

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89425 92 C89425

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Edmondson Ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin Miller Frott

(Residence in Baltimore: No. 1115 Edmondson Ave. St.; Life yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Sept (Month) 18 (Day), 1899 (Year)

7-AGE,	If LESS than 1 day,
16 yrs. 1 mos. 19 ds.	...hrs. or ✓ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Samuel M. Frott

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary L. Hartzell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel M Frott

(Address) 2205 Oak St

15- Filed NOV 8 - 1915 ROBERT J. KRAUTER, VITAL RECORDS CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1915, to Nov 6 1915, that I saw h[im] alive on Nov 6 1915, and that death occurred, on the date stated above, at 1230 m.

The CAUSE OF DEATH* was as follows:

Rheumatism & Bronchitis

(Duration) yrs. 6 mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia Early Stage

(Duration) 5 yrs. 4 mos. 1 ds.

(Signed) Geo C. Shannon M. D.

Nov 6, 1915 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Nov 9, 1915
20-UNDERTAKER Harry W. Ehlen	ADDRESS 1904 W. North Ave

Spec.—5-13-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89426 64 C89426

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 942 St.t Broadway ST.; 7 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W Walstrum

(Residence in Baltimore: No. 942 St.t Broadway St.; 82 yrs., — mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. (Month) 9 (Day), 1833 (Year)

7-AGE, 82 yrs. — mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Baltimor

PARENTS.

10-NAME OF FATHER, Peter Walstrum

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Elizabeth Craighton

13-BIRTHPLACE OF MOTHER (State or Country), Baltimor

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Walstrum

(Address) 942 St.t Broadway

15- Filed NOV 8 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH November (Month) 6th (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from October 29th 1915, to November 6th 1915, that I saw h.im alive on November 6th 1915, and that death occurred, on the date stated above, at 11.30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) ... yrs. ... mos. 9 ds.

(Signed) Thos H. A. Meyer M. D.

November 7th 1915 (Address) 1031 N. Gaveinestr

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Nov. 10 1915.

20-UNDERTAKER William Cook — ADDRESS 502 E Saratoga St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

C89427 C89427

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1800 E Eager ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Dorsey

(Residence in Baltimore: No. 1800 E. Eager St.; 49 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~ MARRIED, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb 28, 1853
(Month) (Day) (Year)

7-AGE, 62 yrs. 7 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, James Laughlin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Katharine Hanagan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Dorsey

(Address) 1800 E Eager

15- NOV 8 - 1915 ROBERT . KRAUTHER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 6th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 22 1915, to Nov 6 1915, that I saw h[er] alive on Nov 6 1915, and that death occurred, on the date stated above, at 12.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstit Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. J. B. Fuge M. D.

Nov. 6, 1915. (Address) 860 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents — DATE OF BURIAL, Nov. 9th, 1915

20-UNDERTAKER William Cook — ADDRESS 502 E Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89428

CERTIFICATE OF DEATH.

87 C89428

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 S Smallwood St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Woodrow Somers

(Residence in Baltimore: No. 606 S Smallwood St.; 3 yrs., mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Nov 1, 1912 (Month) (Day) (Year)

7-AGE. 3 yrs. — mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child —
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Frank Somers

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Elva May Heptinstall

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Somers

(Address) 606 S. Smallwood St.

15- NOV 8 - 1915 ROBERT J. KRAUTER, Filed....., 191.. Special Deputy Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 6, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 3 1915, to Nov 6 1915, that I saw him alive on Nov 5 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Acute Laryngeal Stenosis with Edema

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Laryngeal Stenosis

(Duration) — yrs. — mos. 1 ds.

(Signed) H M Robinson M. D.

Nov 6 1915. (Address) 201 N Wheeling Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery

DATE OF BURIAL. Nov. 8, 1915.

20-UNDERTAKER Freeman Cook

ADDRESS 502 E North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89429 C89429

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1438 Mosher ST.; 19 WARD) REGISTERED NO. C 29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Blake

(Residence in Baltimore: No. 1438 Mosher St.; 35 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Colrd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day. ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer General.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Contractor.

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Blake

(Address) 1430 Mosher st

15- Filed NOV 8 — 1915 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 17 1915, to Nov. 6 1915 that I saw him alive on Oct. 31 1915, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Acute (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

Edema (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Cameron M. D.

Nov 8, 1915. (Address) 515 Mosher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery — DATE OF BURIAL, Nov 9th 1915

20-UNDERTAKER Samuel W. Chesman — ADDRESS 1400 Mosher st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Frank Greines

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89430

CERTIFICATE OF DEATH.

39

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Greines.

(Residence in Baltimore: No. 169 W. Cross St. St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 28, 1859
(Month) (Day) (Year)

7-AGE, 56 yrs. 7 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Carl Greines

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Bertha Quaslini.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P Rheel

(Address) Johns Hopkins Hosp.

15- NOV 8 - 1915

Filed 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 7, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 23 1915, to Nov. 7 1915, that I saw h. alive on Nov. 7, 1915, and that death occurred, on the date stated above, at 9.36 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Floor Urocelle
with Metastasis (Generalized)
Exenteration
Clinical Operation + Pathology

(Duration) yrs. 10 mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchi

(Duration) yrs. 2 mos. ds.

(Signed) W. C. Burket M. D.

Nov. 7, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 45 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 169 W. Cross St.

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Nov. 9, 1915.

20-UNDERTAKER Freeman Cook ADDRESS 507 E North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89431 C89431

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 64 REGISTERED NO. C

CITY OF BALTIMORE: (No. 122 N. Fremont Ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward A. McDaniel

(Residence in Baltimore: No. 122 N. Fremont Ave St.; 1 yrs., 3 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, June 21st, 1853
(Month) (Day) (Year)

7-AGE, 62 yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)..... Baynard & Butler

9-BIRTHPLACE, (State or Country), Unknown.

PARENTS.

10-NAME OF FATHER, George W. Daniel

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward A. McDaniel

(Address) 758 W. Baltimore St

15- Filed NOV 8 - 1915, 191... NORBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 8th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Nov 1 1915, that I saw him alive on Nov 1 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

Primary (Duration)....yrs....mos....ds.

CONTRIBUTORY..... (Secondary)

(Duration)....yrs....mos....ds.

(Signed)..... M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. mos. ds. In the State....yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn M.E. DATE OF BURIAL, Nov. 10th, 191.5

20-UNDERTAKER Mrs. Mrs. Smith Perfect ADDRESS 801 W. Fayette St

over

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Marie Masolant

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89432 C89432 66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 900 N. Bonds ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Masolant

(Residence in Baltimore: No. 900 N. Bond St.; 39 yrs. 11 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, December 17th, 1875
(Month) (Day) (Year)

7-AGE, 39 yrs. 11 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Jos. Spurl

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Vondras

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) K. Masolant

(Address) 900 N. Bond St.

15 NOV 8 - 1915 ROBERT J. KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 6, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25 1915, to Nov 5 1915, that I saw h[illegible] alive on Nov 5 1915, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

1. Hemiplegia
2. Cerebral Hemorrhage
3. .....
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration).....yrs.....mos.....ds.

(Signed) Nicholas N. Zanetos M. D.

Nov 7 1915 (Address) 2008 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cem. DATE OF BURIAL, Nov. 9th, 1915

20-UNDERTAKER Geo M. Fink ADDRESS 811 N. Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89433 C89433

CERTIFICATE OF DEATH. x172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hos. ST.: 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wesley Stevens

(Residence in Baltimore: No. Franklin Square Hospital St.: yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) married

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year) 1838

7-AGE, 77 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Farmer

9-BIRTHPLACE, (State or Country). Rock Hall Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Brooks

(Address) 17 S Calhoun st

15- Filed NOV 8 - 1915 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5 1915, to Nov. 7 1915; that I saw h-im alive on Nov. 7 1915; and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Fractured neck of right femur accidently fell out of bed (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Delirium Tremens (Duration) 2 yrs. ..... mos. 7 ds.

(Signed) Geo. R. Dean M. D.

Nov. 7. 1915 (Address) Franklin Sq Hos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 77 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence Rock Hall md.

19-PLACE OF BURIAL OR REMOVAL, Rock Hall Md — DATE OF BURIAL, Nov 8, 1915

20-UNDERTAKER Robt Brooks & Son — ADDRESS Calhoun & Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89431 — 40 C89434

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 613 N. Belnord Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Matonsek (Matousek)

(Residence in Baltimore: No. 613 N Belnord Ave St.; 35 yrs., mos. ds.)

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. May 7th, 1856
(Month) (Day) (Year)

7-AGE. 59 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Josef Miler

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Biteman

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Matonsek

(Address) 815 N. Montford ave.

15- NOV 8 - 1915 ROBERT J. KRAUTER Burial Permit Clerk
Filed, 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Nov. 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1915, to Nov. 7 1915, that I saw her alive on Nov. 6 1915, and that death occurred, on the date stated above, at 1A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar
Exhaustion
(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Mc Cann J. R. Cann M. D.

Nov 7, 1915 (Address) 1200 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Nov 10, 1915.

20-UNDERTAKER Geo M. Frink — ADDRESS 811 N. Wolfe

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C89435 C89435

CERTIFICATE OF DEATH.

168

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fr. Clarence C. McCaffrey

(Residence in Baltimore: No. 1220 Lindenave. St.; 59 yrs., mos. 21 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. 16, 1856 (Month) (Day) (Year)

7-AGE, 59 yrs. 0 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry McCaffrey

11-BIRTHPLACE OF FATHER (State or Country) Chambersburg Pa

12-MAIDEN NAME OF MOTHER Margaret C. Garvey

13-BIRTHPLACE OF MOTHER (State or Country), Baltimor Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Daisy McCaffrey

(Address) 1220 Lindenave

15 NOV 8 - 1915 ROBERT F. KRAUTER, Burial Permit Clerk. Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31 1915, to Nov 7 1915, that I saw her alive on Nov 7 1915, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

a Pulmonary Edema

..... (Duration) 6 hrs. yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) Purulent Peritonitis

..... (Duration) yrs. mos. 2 ds.

(Signed) ..... M. D.

Nov 7, 191.. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1220 Lindenave

Former or usual residence 1220 Lindenave

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Nov 9, 1915

20-UNDERTAKER Henry W. Means & Son

ADDRESS 80 St. Paul

C89436 C89436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2241 Druidhill avenue, St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Gray,

(Residence in Baltimore: No. 2241 Druidhill avenue, St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, August 31st, 1859.
(Month) (Day) (Year)

7-AGE, 56 yrs. 2 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor,
(b) General nature of industry, business, or establishment in which employed (or employer): apartment house,

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Robert Gray,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER ? ? Morris,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Gray, wife,

(Address) 2241 Druidhill avenue.

15- Filed NOV 8 - 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 5th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

Nov. 6th. 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Nov. 8, 1915

20-UNDERTAKER James H. Deems

ADDRESS 1303 Pennsylvania

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89437 40 C89437

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 N. North Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Juliet Stoner

(Residence in Baltimore: No. 1725 N. Caroline St. St.; Fife yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. 9, 1851 (Month) (Day) (Year)

7-AGE, 63 yrs. 11 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland. Balto

PARENTS.

10-NAME OF FATHER, John Lawrence Stoner

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Sarah Ann Bryant

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen C. Carr

(Address) 1725 N. Caroline St.

15- NOV 8 - 1915 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 12 1915, to Nov. 5th 1915, that I saw her alive on Nov. 5th 1915, and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach.

Contributory (Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) A. F. Robinson M. D.

Nov. 7, 1915. (Address) 141 E. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Hill Cemetery	Nov. 9, 1915
20-UNDERTAKER	ADDRESS
H. E. Hughes	17 S. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Inf of Geo & Annie Croucher.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(89433) (89438)

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 S. Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf Child of Geo & Annie Croucher #2

(Residence in Baltimore: No. 804 S. Robinson St. St.; ..... yrs., ... mos. 5 min ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single.

6-DATE OF BIRTH, Nov 6 (Month) (Day) 191.. (Year)

7-AGE,	If LESS than 1 day,
.....yrs.....mos.....ds.	....hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo E Croucher

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Annie L Neer

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother Croucher

(Address) 804 S. Robinson St

15- NOV 8 - 1915 NORBERT F. KRAUTER

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 6 (Month) (Day) , 191.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 191.., to Nov 6 191.., that I saw h.. alive on Nov 6 191.., and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(6 mo foetus)

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Alma C Newman M. D.

Nov 7, 1915. (Address) 718 N Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. Is the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Fallsmore Cemetery	Nov 8, 1915
20-UNDERTAKER	ADDRESS
J T O Hughes	17 Stockton Way

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#1 C89439

C89439

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 N. Rotunda ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Geo. Brunhuber

(Residence in Baltimore: No. 804 N. Rotunda St.; 5 mos. yrs., mos. ds.)

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 6, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo E Brunhuber

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Minnie L Neer

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Geo E Brunhuber

(Address) 804 N. Rotunda St

15-
Filed NOV 8 - 1915, 191... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 191.., to Nov 6 191..,
that I saw h.. alive on Nov 6 191..,
and that death occurred, on the date stated above, at 10.45 m.
The CAUSE OF DEATH* was as follows:

Congenital Debility.
(6 hrs Natural)
(Duration) ....yrs....mos....ds.

CONTRIBUTORY
(Secondary)
(Duration) ....yrs....mos....ds.

(Signed) Thos O Lemmon M. D.
Nov 7, 191.5. (Address) 2128 N Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Nov 8, 1915
20-UNDERTAKER	ADDRESS
F C Hughes	132 S. Broadway

Spec.—5-19-13—M. & T.—500 Bks. Roman Wieszynski

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89440 104 C89440

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH 1929 Aliceanna Str

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

OF BALTIMORE: (No. ..... ST.; 2 WARD)

2-FULL NAME Roman Wieszynski

(Residence in Baltimore: No. 1929 Aliceanna Str St.; ....yrs., 2 mos. 6 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. September (Month) 1 (Day), 1912. (Year)

7-AGE. ....yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Kazimierz Wieszynski

11-BIRTHPLACE OF FATHER (State or Country), Russia-Poland

12-MAIDEN NAME OF MOTHER Zofia Parchota

13-BIRTHPLACE OF MOTHER (State or Country), Russia-Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kazimierz Wieszynski

(Address) 1929 Aliceanna Sts.

15- NOV 8 - 1915 Burial Permit Issued

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 7 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1st 1915, to Nov 7th 1915, that I saw him alive on Nov 6th 1915, and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Ileocolitis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Leon S. Harka M. D.

Nov 7th, 1915. (Address) 1725 E. Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary. Cem.	Nov. 8, 1915.
20-UNDERTAKER	ADDRESS
M. F. Sadowski	705 S. Ann St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Clemens · Tomashunas

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89441 C89441

CERTIFICATE OF DEATH.

1 x 40

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clemens Tomashunas

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., ...mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH, January 2, 1869.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
46 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Theodor Tomashunas

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Constantina Antonia Vicente

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W J Smith

(Address) Johns Hopkins Hospital

15- NOV 8 - 1915 HOWARD A. KELLY, M.D. LL.D. F.A.C.S.
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 31, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 26 1915, to October 31 1915, that I saw h[illegible] alive on October 31 1915, and that death occurred, on the date stated above, at 2 15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
Cachexia
(Duration) 1 yrs. 3 mos. 6 ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Paul A. Clough M. D.
Oct 31, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 8 Chesapeake mills at Sparrows Point

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	NOV 5 1915
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89442

CERTIFICATE OF DEATH.

151 C89442

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 585 Valiant alley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Tucker

(Residence in Baltimore: No. 585 Valiant Alley St.; ..... yrs., ... mos. ..... ds.)

15 hrs

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... 11 (Month) ..... 4 (Day), 1915 (Year)

7-AGE, ... 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 15 hrs. or 2 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... none .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Ike Tucker.

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Elvira Tucker

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed NOV 8 - 1915, 191... NORBERT E. BRAUER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 11 (Month) ..... 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to 11—4 191 5; that I saw h alive on 11—4 191 5, and that death occurred, on the date stated above, at 6:27 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth (7 mos.)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Wm. Cramer M. D.

11—5, 1915. (Address) Emergency Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, NOV 5 1915 191...
20-UNDERTAKER	ADDRESS

STATE OF MARYLAND, Commissioner Health.

Pay Wm. F. Miller

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89443 120 C89443

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Guilford Ave. ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Shevlin

(Residence in Baltimore: No. 1622 Guilford Ave. St.; ....yrs. ....mos. ....da.) 30

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, April 21st. 1873. (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
42 yrs. 6 mos. 17 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Walsh

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Winifred Naughton

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Owen Shevlin
(Address) 1622 Guilford Ave.

15- NOV 8 - 1915 NORBERT . KRAUTER
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 7th, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 6th 1915, to Nov 7th 1915, that I saw her alive on Nov 7th 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis with Ur. Albumin accompanying a Cold

(Duration) 6 mos. 3 da.

CONTRIBUTORY (Secondary) A Slight Cold

(Duration) 0 yrs. 2 mos. 2 da.

(Signed) J. H. Hannemann M. D.

Nov 8th, 1915. (Address) 816 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, 11.10., 1915

20-UNDERTAKER Chas F. Townsend ADDRESS 1118 Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89441 — 120 — C89441

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adule Devon

(Residence in Baltimore: No. 1116 Forest Place St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 7th (Month) (Day), 1859 (Year)

7-AGE, 56 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm W. Harper

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Isabella Stahl

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis P. Devon

(Address) 1116 Forest Place

15- Filed NOV 8 - 1915 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1st 1915, to Nov 7 1915, that I saw her alive on Nov 7 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Ch Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) yrs. 6 mos. ds.

(Signed) Ernest P. Krieger M. D.

Nov 7, 1915 (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 8 mos. ds. In the State 56 yrs. 5 mos. ds.

Where was disease contracted, if not at place of death? 1116 Forest Place

Former or usual residence 1116 Forest Place

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, Nov 11, 1915

20-UNDERTAKER Burk & Sons

ADDRESS 118 W Mt Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C89445

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Fox St ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Burnell

(Residence in Baltimore: No. 2812 Fox St St.; yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1850 (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Hopkins

(Address) 2430 Oak St

15- NOV 8 - 1915 ROBERT J. KRAUTER, Filed 191 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1915, to Nov. 6 1915, that I saw her alive on Nov. 6 1915, and that death occurred, on the date stated above, at 11.20 a.m.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. G. Abnull M.D.

Nov. 7, 1915. (Address) 424 East 23 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Charlotte Co Va — DATE OF BURIAL, 11/8, 1915

20-UNDERTAKER James J. Dinneen — ADDRESS 578 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89446

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 31 C89446

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Elizabeth Court ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME John Smith

(Residence in Baltimore: No. 1911 St Paul St St.; 2 yrs. mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	colored	Single

6-DATE OF BIRTH: Oct (Month) 23 (Day) 1911 (Year)

7-AGE: 4 yrs. mos. 15 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Washington D. C.

PARENTS

10-NAME OF FATHER: Timothy Smith

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Kate Collins

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Kate Smith

(Address) Washington D. C.

15-

Filed NOV 8 - 1915 NORRIS E. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 6 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July, 1915, to, Nov 6 1915, that I saw h[im] alive on Nov 6 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Glandular Tuberculosis

(Duration) yrs. 4+ mos. ds.

(Signed), Edgar B[illegible] M. D.

Nov 7 1915 [Address] 1[illegible]

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. 4 mos. In the dit. State 2 yrs. mos. 15 ds.

Where was disease contracted, if not at place of death? Previous to admission

Former or usual residence Washington D. C.

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Nov 8, 1915

20-UNDERTAKER: Geo. H. Hilland ADDRESS: [illegible]

INSTRUCTIONS: Information must be furnished on all items. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 222 Otterbein ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Jennings

(Residence in Baltimore: No. 222 Otterbein St.; - yrs., - mos. - ds.)

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 65 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Lobe Handy

(Address) 402 Burgundy Alley

15- Filed NOV 8 - 1915, 191.. Burial Permit Given.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. T. Foges (Coroner) M. D.

Nov 8 1915 (Address) 24 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL, Nov 9, 1915

20-UNDERTAKER: Geo E Hooper

ADDRESS 609 Little Pratt St

Spec.—8-24-14—M. & T.—2000 Blks.

C89448

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89448

CERTIFICATE OF DEATH.

x 50

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm F Griffith

(Residence in Baltimore: No. — Johns Hopkins Hospital St.; ..... yrs., ... mos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH. September 28, 1873 (Month) (Day) (Year)

7-AGE. 42 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Teller in Bank
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Nebraska

PARENTS.

10-NAME OF FATHER, Wm H Griffith

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Sara J Garrett

13-BIRTHPLACE OF MOTHER (State or Country), Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed NOV. 8 - 1915, 191.. HARRY O. ANDREAS, Registrar. By ..... Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 8, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1 1915, to November 8 1915, that I saw h m alive on November 8 1915, and that death occurred, on the date stated above, at 5½ a m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) E E Buttree M. D.

Nov 8..., 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. 7 ds.

Where was disease contracted, if not at place of death? 7

Former or usual residence 923 - 11th St Miami Florida

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Miami Florida	Nov. 8..., 1915.
20-UNDERTAKER	**ADDRESS**
Albert E Rutter	221 N Brady

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C89449

CERTIFICATE OF DEATH.

29

C89449

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mirtle Garheart.

(Residence in Baltimore: No. 1603 Cliff view Ave. St.; 5 yrs., — mos., 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Feb 4th, 1904 (Month) (Day) (Year)

7-AGE: 11 yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Howard County Md

PARENTS.

10-NAME OF FATHER: Ira Garheart

11-BIRTHPLACE OF FATHER (State or Country): Howard County Md

12-MAIDEN NAME OF MOTHER: Annie Maxwell

13-BIRTHPLACE OF MOTHER (State or Country): Howard County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ira Garheart

(Address) 1603 Cliff View ave

15- NOV 8 - 1915 HARRY O. ANDREWS, Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1915, to Nov 7 1915, that I saw h e alive on Nov 7 1915, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

Tuberculous Cause -

(Duration) Minutes hrs. ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) yrs. mos. 3 A ds.

(Signed) Alvin Lundt M. D.

Nov 7., 191.5 (Address) St Joseph Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

In place of death yrs. mos. 4 ds. In the State 11 yrs. 9 mos. 3 ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 1603 Cliftview Ave

19-PLACE OF BURIAL OR REMOVAL, Mount View Cemetery — DATE OF BURIAL, Nov 9., 1915

20-UNDERTAKER Howard Co. — ADDRESS George J. Reith N 4422 — 1735 Hayford ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

C89450

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1212 Dellwood Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Philomena E. Fitzgerald

(Residence in Baltimore: No. 1212 Dellwood Ave St.; 45 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWER OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: March 15, 1856 (Month) (Day) (Year)

7 AGE: 59 yrs. 7 mos. 22 ds. | If LESS than day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Fitzgerald

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah A.

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank D. Fitzgerald

(Address) 1212 Dellwood Ave

15 NOV 8 - 1915 Filed ..... 191.....

ROBERT O. ARCHER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 6th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1915, to Nov 6th 1915, that I saw h[illegible] alive on Nov 6th, 1915, and that death occurred, on the date stated above, at 3-25 A m.

The CAUSE OF DEATH* was as follows:

Dysentery

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Myocarditis

(Duration) ..... yrs. 2 mos. 5 ds.

(Signed) [signature] M. D.

Nov 5, 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St. Mary's (Govans) | DATE OF BURIAL: Nov. 9, 1915

20 UNDERTAKER: Horace Bunge Son | ADDRESS: 3631 Falls Rd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89451

C89451

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 620 N. Stockton ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Brooks

(Residence in Baltimore: No. 620 Stockton St.; 15 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, September (Month) 12 (Day) 1887 (Year)

7-AGE, 28 yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Calvert Co. Md

PARENTS.

10-NAME OF FATHER, Joshua Brooks,

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co. Md

12-MAIDEN NAME OF MOTHER, Rebecca Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Laura Brooks
(Address) 546 Eden St. Balto Md

15- NOV 9 - 1915 Filed ..... 191.. NORRIS KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 20 1915, to Nov. 7, 1915, that I saw him alive on Nov. 6 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Empyema (Pulmonary)

(Duration) yrs. mos. ds.

(Signed) Jas. M. Dilcrett M. D.

Nov. 7, 1915. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn ct

DATE OF BURIAL, Nov 9, 1915.

20-UNDERTAKER C. A. Brown & Son

ADDRESS 108 S. Monds

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

See Birth Certificate
#B 19382

Kasperzyk, name given on
Birth Certificate

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C. 152

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 619 S. Bethel St.) (Ward) 2

2-FULL NAME Jonas Katzpinski (Katzpinski)

(Residence in Baltimore: No. 619 S. Bethel St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., — mos. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov 8, 1915
(Month) (Day) (Year)

7-AGE, — yrs. — mos. — ds.
If LESS than 1 day, — hrs. or 15 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Wladislaus Katzpinski

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Mary Borkuska

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wlads. Katzpinski

(Address) 619 S. Bethel St

15- NOV 9 - 1915 Filed ....., 191... NORBERT . KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Obstruction Hernia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. U. Jones (Coroner.) M. D.

Nov 8, 1915. (Address) 3116 O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Nov 9, 1915

20-UNDERTAKER William Kaufmann ADDRESS 1618 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C8945

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 818. S. Port ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mieczystaw Zoltowski

(Residence in Baltimore: No. 818. S. Port. St ST.; ..yrs., 6 mos. 27 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 11, 1915
(Month) (Day) (Year)

7-AGE, ..yrs. 6 mos. 27 da. If LESS than 1 day, ..hrs. or ..min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Florjan Zoltowski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Agnes Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Florjan Zoltowski
(Address) 818 S Port St

15- NOV 9 - 1915 Filed, 191. ROBERT KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 7, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept. 22 1915, to Nov. 7 1915, that I saw him alive on Nov. 6 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Enteric-Cystitis

(Duration) ..yrs. 1 mos. 16 da.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..da.

(Signed) John H Rehberger M. D.

Nov. 8, 1915. (Address) 1709 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..yrs. ..mos. ..da. In the State ..yrs. ..mos. ..da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Nov 9, 1915

20-UNDERTAKER William Fialkowski ADDRESS 618. Eastern Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C89451

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 S. Caroline ST.: 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Kovarevitsch

(Residence in Baltimore: No. 1035 S Caroline St.; ..... yrs., mos. 11 hrs. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
male	white	Single

6-DATE OF BIRTH, Nov 8, 1915
(Month) (Day) (Year)

7-AGE, 11 hrs. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, Max Kovarevitsch

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie Markus

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas R Fahn

(Address) Mercy Hospital

15- Filed NOV 9 - 1915, 191.. NORRIS . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8 191.., to Nov 8 191.., that I saw him alive on Nov 8 191.., and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY, (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward A Lund M. D.

Nov 8, 191.. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Mt Carmel	11/9, 1915
20-UNDERTAKER Jack Levis	ADDRESS 419 Eutaw St

Spec.—8-24-14—M. & T.—2000 Blks.

C89455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C89455

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 Irvine Place ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

Infant of Name of FULL NAME Simon Miller

(Residence in Baltimore: No. 13 Irvine Place St.; ..... yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Nov 7, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country) Baltimd

PARENTS.

10-NAME OF FATHER, Simon Miller

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sara Leiberman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ....Levy....

(Address) 1419 E Balto

15- Filed NOV 9 - 1915, 191.. ROBERT J. KRAUSER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 8, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 8 1915, to ..... 191.., that I saw him alive on November 8 1915, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. B. Levin M. D.

11/9/.., 191.5. (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, 11/9/.., 1915.

20-UNDERTAKER Jack Levin

ADDRESS 1419 E. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89456

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C89456

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1231 Cleveland St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John H. Bailey

(Residence in Baltimore: No. 1231 Cleveland St.) 55 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Aug (Month) 27 (Day), 1847 (Year)

7 AGE: 68 yrs. 2 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Construction

9 BIRTHPLACE (State or country): Pa.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John L. Bailey

(Address) 1212 Sargent

15 Filed NOV 9 - 1915, 191 ROBERT J. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 6 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1915, to Nov 6, 1915, that I saw h[illegible] alive on Nov. 6, 1915, and that death occurred, on the date stated above, at 11 40 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Morley Hoag M. D.

Nov 8, 1915 (Address) 729 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Nov 9, 1915

20 UNDERTAKER: Joseph B Cook — ADDRESS: 1003 W Baltimore

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 C89457

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St.: 22 Ward) Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Razdalewicz

(Residence in Baltimore: No. 212 S. Greene St.; 21 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, August (Month) 30 (Day), 1871 (Year)

7-AGE, 44 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon Keeper

9-BIRTHPLACE, (State or Country), Lithuania Russia

PARENTS.

10-NAME OF FATHER, Jos. Razdalewicz

11-BIRTHPLACE OF FATHER (State or Country), Lithuania Russia

12-MAIDEN NAME OF MOTHER Helena Mikatovitz

13-BIRTHPLACE OF MOTHER (State or Country), Lithuania Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Razdalewicz

(Address) 114 W. Pratt St

15-

Filed NOV 9 - 1915 ROBERT . KRAUTER, Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8 1915, to Nov 9 1915, that I saw him alive on Nov 8 1915, and that death occurred, on the date stated above, at 5:45 a. m.

The CAUSE OF DEATH* was as follows:

Alcoholic hepatic Cirrhosis

(Duration) unknown

CONTRIBUTORY (Secondary) Chronic retention

(Duration) yrs. 7 mos. 15 ds.

(Signed) M. E. Gan Jr. M. D.

Nov 9., 1915. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 32 ds. In the State 21 yrs. mos. ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence E. 212 S Greene St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Nov 13., 1915.

UNDERTAKER Jos. Zielinskas — ADDRESS 500 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89458 C89458

CERTIFICATE OF DEATH.

51

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Brooke

(Residence in Baltimore: No. 135 East St St.; 32 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January (Month) 19 (Day), 1882 (Year)

7-AGE, 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Service

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Jarvis

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Adeline Brooke

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- Filed NOV 9 - 1915, 191.

ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 7 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 19 1915, to November 7 1915, that I saw h[illegible] alive on November 7 1915, and that death occurred, on the date stated above, at 3 35 p m.

The CAUSE OF DEATH* was as follows: Exophthalmic Goiter

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Obstruction

(Duration) yrs. mos. 1 ds.

(Signed) C E Vanderveer M. D.

Nov 8, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 135 East St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem — DATE OF BURIAL, Nov. 10, 191..

20-UNDERTAKER John W Henderson — ADDRESS 317 Cathedral

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 78 (8945)

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 120 King St ✕ St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Foreman

(Residence in Baltimore: No. 120 King St ✕ St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 38 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Stevedore

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Foreman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louisa Woodland

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Parker Stewart

(Address) 138 N Dallast

15- NOV 9 - 1915 Filed, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dil

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. E. Jeffers M. D.

(Corner) Nov 9 1915 (Address) 242 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury	Nov 10, 1915
20-UNDERTAKER John W Henderson	ADDRESS 31 N Caroline

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89460

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89460

CERTIFICATE OF DEATH.

x 99

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanora Hyner

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, February — —, 1905
(Month) (Day) (Year)

7-AGE, ... yrs. 9 mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Martin Hyner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Maggie Kromolitzki

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- Filed NOV 9 - 1915 191... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 4 1915, to Nov 8 1915, that I saw her alive on November 8 1915, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Aphthous Stomatitis
Edema of the Glottis

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Tracheotomy

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Gilbert W Rosenthal M. D.

Oct 9, 1915 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Lemmon Hill Road Balto Md

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary | DATE OF BURIAL, Nov 10 1915

20-UNDERTAKER William Fiackowski | ADDRESS 1618 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89461

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 N. Spring ST.; 5 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frisby Smith

(Residence in Baltimore: No. 629 N. Eden St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, Unknown, (Month) (Day) (Year)

7-AGE, 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer): Laundry

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Frisby

(Address) 629 N. Eden St.

15- Filed NOV 9 1915 ROBERT J. KRAUTER, Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 7, (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1915, to Nov. 7, 1915, that I saw h[im] alive on Nov. 7, 1915, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows: Pulmonary Hemorrhage

(Duration) hrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ? yrs. ? mos. ds.

(Signed) Jno. C. Robinson, M. D.

Nov. 7, 1915 (Address) 611 N. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Nov. 7, 1915

20-UNDERTAKER R. C. Ford ADDRESS 1405 McCulloh St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-17—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89462

CERTIFICATE OF DEATH.

64 C89462

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Harford Ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard V. Hagen

(Residence in Baltimore: No. 1406 Harford ave St.; 45 yrs., 4 mos. 14 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 24 (Month) (Day), 1870 (Year)

7-AGE, 45 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Retail

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John B. Hagen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Maud Hagen

(Address) 1406 Harford Ave

15- Filed NOV 9 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 8th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1913, to Nov 8 1915, that I saw h[illegible] alive on Nov 8 1915, and that death occurred, on the date stated above, at 3:50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Primary

Antecedents (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis 1 yrs

(Duration).....yrs.....mos.....ds.

(Signed) E. E. Hayward M. D.

Nov 9, 1915, (Address) 836 N Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn Cemetery

DATE OF BURIAL. November 11, 1915

20-UNDERTAKER Henry Hoeck Sons

ADDRESS 1201 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C89463

1 PLACE OF DEATH

CERTIFICATE OF DEATH

1 C89463

REGISTERED No. C

CITY OF BALTIMORE (No. 1574 N Carolina ST. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip B Ralle

(Residence in Baltimore: No. 1574 N Carolina St 25 yrs. 9 mos. 15 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: January 24 (Month) Monday 24 (Day), 1890 (Year)

7-AGE: 25 yrs. 9 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Notary Public
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): City Balto.

PARENTS

10-NAME OF FATHER: Louis Ralle

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Appolonia Hartman

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Elizabeth M Ralle

(Address) 1574 N Carolina

15- NOV 9 - 1915 ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1915, to Nov 8 1915, that I saw h.. alive on Nov 8, 1915, and that death occurred, on the date stated above, at 5.40 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) ..... yrs. ..... mos. 24 ds.

Contributory (SECONDARY) Pneumonia & Heart failure

(Duration) ..... yrs. 1 mos. 8 ds.

(Signed) R G Davis M. D.

11/8/15, 191.. (Address) 1573 N Carolina

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: November 12, 1915

20-UNDERTAKER: Henry Storch Son

ADDRESS: 1301 E Eager St.

C89464

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C89464

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2016 N. Monroe ST. 15 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louise A Hutton

(Residence in Baltimore: No. 2016 N. Monroe St.; 43 yrs. ~ mos. ~ ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): married

6 DATE OF BIRTH: July (Month) 26 (Day) 1863 (Year)

7 AGE: 52 yrs. 3 mos. 12 ds. If LESS than 1 day, ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): England.

PARENTS

10 NAME OF FATHER: Francis Fouzell

11 BIRTHPLACE OF FATHER (State or country): Engld

12 MAIDEN NAME OF MOTHER: Ann Bradley

13 BIRTHPLACE OF MOTHER (State or country): England.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James B Dutton

(Address) 2016 N Monroe St

15 Filed NOV 9 - 1915 ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1915, to Nov 7 1915; that I saw h[illegible] alive on Nov 7, 1915; and that death occurred, on the date stated above, at 10.45 m.
The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Fred C Jewett M. D.
Nov 8, 1915 (Address) 2516 Penn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Nov 11, 1915
20 UNDERTAKER: George J Smith	ADDRESS: 1000 N Howard St

C89465

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Fair St. 5 Ward) REGISTERED No. C 28 C89465

2-FULL NAME William M. Rier

(Residence in Baltimore: No. 919 Fair St.; 16 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	Colard	Married

6-DATE OF BIRTH Unknown (Month) (Day), 1882 (Year)

7-AGE 33 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION (a) Trade, profession or particular kind of work Laborer (General) (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Va

PARENTS

10-NAME OF FATHER Unknown.

11-BIRTHPLACE OF FATHER (State or country) Unknown.

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or country) Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Helen Rier.

(Address) 919 Fair St.

15 Filed NOV 9 - 1915 ROBERT F. KRAUTER, Vital Records Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov. (Month) 7 (Day), 1915. (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1915, to, Nov. 7 1915, that I saw h.im alive on Nov. 7 1915, and that death occurred, on the date stated above, at 10.10 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Contributory (SECONDARY) (Duration) yrs 7 mos. ds.

(Signed), Robt F. Green, M. D.

Nov 8 1915 [Address] 120½ Argyle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL Nov. 9, 1915

UNDERTAKER Holt & Elliott ADDRESS 506 East St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89466

CERTIFICATE OF DEATH.

C89466

REGISTERED NO. C 81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Mott ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Brown

(Residence in Baltimore: No. 415 Mott St— St. Life yrs.. mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1872 (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Samuel Stewart

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Matthews

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John. Stewart

(Address) 415 Mott St

15-

Filed NOV 9 - 1915, 191 Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1915, to Nov 7 1915, that I saw h[illegible] alive on Nov 5 1915, and that death occurred, on the date stated above, at 8 4 m.

The CAUSE OF DEATH* was as follows:

Aneurism from Arch of Aorta

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

5 minutes (Duration) yrs. mos. ds.

(Signed) Walter H. White M. D.

Nov 8., 1915. (Address) 1101 N Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Nov. 10 1915

20-UNDERTAKER Robt. A. Elliott

ADDRESS 506 Rogers Ave

Spec.—8-24-14—M. & T.—2000 Blks.

Frances Chambers.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89467

CERTIFICATE OF DEATH.

120

C89467

1-PLACE OF DEATH CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 12 WARD)

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Chambers -

(Residence in Baltimore: No. 303 Princeton Place - St.; yrs., Life mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Oct 10 th ; 1874
(Month) (Day) (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Samuel Brown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER May Chalmers

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May Brown

(Address) 303 Brinston Place

15- NOV 9 - 1915 ROBERT J. KRAUTER, Burial Permit Clerk

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 22 1915, to Nov 8 1915, that I saw h er alive on Nov 8 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia-tuberculosis

Uraemia - Myocarditis

Uraemia - not known.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis - Pulmonary

Edema (Duration) yrs. 3 mos. ds.

(Signed) O V Pinkard M. D.

Nov 8, 1915 (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 16 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 303 Princeton Place.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn. DATE OF BURIAL, Nov 11th, 1915.

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

C89468 C89468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 915 Ramsay St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME William J. Murray

(Residence in Baltimore: No. 915 Ramsay St.; yrs., 5 mos. 5 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Sept. 18th, 1863 (Month) (Day) (Year)

7-AGE, 52 yrs. 1 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): City Engineers Dept.

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Thomas Murray

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Tolan

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Murray

(Address) 915 Ramsay

15- Filed NOV 9 - 1915 19.. NUMBER ..., KEEPER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 7th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Saml Wemyss M. D. (Coroner)

Nov. 8th, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Nov. 11 19..

20-UNDERTAKER John F. Cowan & Son ADDRESS 901 Dolphin

Spec.—5-19-13—M. & T.—500 Bks. Antionette Kotchenreuter

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89469 +130 C89469

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Antionette Kotchenreuter

(Residence in Baltimore: No. Church Home & Infirmary St.: yrs. mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 23 (Day), 1862 (Year)

7-AGE, 53 yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Sintonowski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Kotchenreuter

(Address) 3301 Phila. Ave

15- NOV 9 - 1915 ROBERT . KRAUTER, Filed..... 191.. Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) Eighth (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31 1915, to Nov [redacted] 1915, that I saw her alive on Nov 8 1915, and that death occurred, on the date stated above, at 2.25 a. m.

The CAUSE OF DEATH* was as follows:

Double Broncho Pneumonia

(Post Operation) Pulmonary Embolism

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. W. Vest M. D.

Nov. 7, 1915. (Address) The Wilson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3301 Philadelphia Pa

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Sacred Heart Cem.	Nov. 10, 1915
20-UNDERTAKER Tilly & Fuhr	ADDRESS 4038 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

...c.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89470 ×47 C89470

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Church Home Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Susan D. Biddle

(Residence in Baltimore: No. Church Home & Infirmary St.; 0 yrs., 0 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August 6th, 1856
(Month) (Day) (Year)

7-AGE, 59 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Michigan

PARENTS.

10-NAME OF FATHER, Wm. S. Biddle

11-BIRTHPLACE OF FATHER (State or Country), Michigan

12-MAIDEN NAME OF MOTHER, Susan Ogden

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Jno. Biddle

(Address) St. James Apts.

15- NOV 9 - 1915 Filed ..... 191.. Burial Permit Issued by HUBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 8, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1915, to Nov. 8 1915, that I saw her alive on Nov. 8 1915 and that death occurred, on the date stated above, at 8.30 P.m.

The CAUSE OF DEATH* was as follows: Angina Pectoris Cerebral Embolism

unknown.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Frannett Starr M. D.

Nov. 8, 1915. (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 23 ds. In the State 0 yrs. 0 mos. 23 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Detroit Michigan

19-PLACE OF BURIAL OR REMOVAL, Detroit Michga. DATE OF BURIAL, Nov 9 1915

20-UNDERTAKER Stewart & Mowen Co ADDRESS 108 W North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89471 C89471

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 3831 Roland Ave. St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Wesley Coleman Thorpe

(Residence in Baltimore: No. 3831 Roland Ave. St.; yrs. Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug. (Month) 7 (Day), 1908 (Year)

7 AGE: 7 yrs. 3 mos. 1 ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wesley Thorpe

11 BIRTHPLACE OF FATHER (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Sarah E. Holston

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wesley C Thorpe

(Address) 3831 Roland Ave

15 NOV 9 - 1915 ROBERT . KRAUTER
Filed ..., 191 ... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 8 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1915, to, Nov 8 1915, that I saw h[illegible] alive on Nov 8, 1915, and that death occurred, on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ... yrs. ... mos. 2 ds

Contributory (SECONDARY) Dis Pituitar

(Duration) ... yrs. ... mos. 14 ds.

(Signed) Sidney E. Algire M. D.

Nov 9, 1915 (Address) 364 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: Nov. 9, 1915

UNDERTAKER: Horace Burgee Son | ADDRESS: 3631 Folio Road

2 30 P. M.

C89472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89472

8 4 175

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Howard & Saratoga St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel H. Martin

~~(Residence in Baltimore~~: No. Magnolia Md St.: 33 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, April (Month) 22 (Day), 1882 (Year)

7-AGE, 33 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): (Steam)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Samuel H Martin

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Jemima Godwin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lydia E Martin

(Address) Magnolia Md

15- Filed NOV 9 - 1915 191.. ROBERT . KRAUTER Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal injuries
Crushed Throat (accident)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (Full undersigned can)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. Ziegler M. D.

Nov 9 1915 (Address) 2427 N Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem'y

DATE OF BURIAL, Nov 11, 1915.

20-UNDERTAKER Allen & Fuller

ADDRESS 221 N Broadway

(Over)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89473

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89473

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1416 Presstman street, ST. 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver C. Hutchins,

(Residence in Baltimore: No. 1416 Presstman street, St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, October (Month) 9th (Day), 1877. (Year)

7-AGE, 38 yrs. 0 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Public waiter,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Annie Hutchins,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Hutchins, wife,

(Address) 1416 Presstman street.

15- Filed NOV 9 1915, 191.... ROBERT . KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 8th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon; and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Valvular heart disease,
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
.....(Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

Nov. 9th, 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Nov 11, 1915
20-UNDERTAKER	ADDRESS
James H Dennis	1305 Presstman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89474

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89474

1-PLACE OF DEATH

(CITY OF BALTIMORE (No. 580 Baker St.: 14 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Laura Clemens.

(Residence in Baltimore: No. 580 Baker St.: Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem | 4-COLOR OR RACE Col | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH Unknow (Month) ..... (Day) ....., 1869 (Year)

7-AGE 46 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER Unknow

11-BIRTHPLACE OF FATHER (State or country) Unknow

12-MAIDEN NAME OF MOTHER Unknow

13-BIRTHPLACE OF MOTHER (State or country) Unknow

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elmer Thomas

(Address) 580 Baker st

15. Filed NOV 9 - 1915 for HUBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1915, to Nov 7, 1915, that I saw h r alive on Nov 7, 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ..... yrs. 3 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J F McLean M. D.

Nov 9, 1915 (Address) 1303 W. North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. | In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Westminster Md | DATE OF BURIAL Nov 11, 1915

20-UNDERTAKER James H Davis | ADDRESS 1303 Pierpont

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Delmer F. Reed.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89475 C89475

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 619 N. Bruce St.) 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delmer Francis Reed

(Residence in Baltimore: No. 619 N Bruce St.; 17 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1898. (Year)

7-AGE, 17 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): School

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Alfred Reed

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Jennie Bailey

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Reed Mother

(Address) 619 Bruce St

15- Filed NOV 9 - 1915 191.. NORRIS A. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 6 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1915, to Nov 6 1915, that I saw him alive on Nov 6 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lob.)

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Charles H. Fowler M. D.

Nov 8, 1915. (Address) 712 S Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Nov. 9, 1915.

20-UNDERTAKER John H Toadvine

ADDRESS 142 W Hill

N. B.—Every question should be carefully answered. ACCURATE information as to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89476 C89476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1124 Biggs ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noah White

(Residence in Baltimore: No. 1124 Biggs ave St.: 31 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., 1871
(Month) (Day) (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, James White

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Clara Davis

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Davis

(Address) 20 S. Spring St.

15- NOV 9 - 1915 Filed ....., 191.... ROBERT J. KRAUTER, Registrar. Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Nov 7 1915, that I saw h[illegible] alive on Nov 7 1915, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Carbuncle Superficial
Gangrene Abdomen

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Strangulation

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) [illegible] M. D.

Nov 7, 1915 (Address) 712 S. Sharp St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 9, 1915

20-UNDERTAKER John H Jordan — ADDRESS 1422 Eutaw

N. B.—Exactness in answering should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C89477

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 N Bentalou ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Wartanyan

(Residence in Baltimore: No. 100 N. Bentalou St.;

Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 18 (Day), 1876 (Year)

7-AGE, 39 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Martin Bayer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Minnie Ammarine

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Wartanyan

(Address) 100 N. Bentalou

15-

Filed NOV 9 - 1915, 191.. ROBERT P. KRAUDER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1915, to Nov 7 1915, that I saw her alive on Nov 7 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pregnancy

(Duration) yrs. 6 mos. ds.

(Signed) Howard W Jones M. D.

Nov 8, 1915 (Address) Dunglas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, Nov 9, 1915

20-UNDERTAKER Geo A Gerber

ADDRESS Balto & Payson

N.B.—CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89473

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89473

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Fort Ave. St.; 24 WARD)

REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Lanahan

(Residence in Baltimore: No. 1508 Fort Ave. St.; 31 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married.

6-DATE OF BIRTH, December 24, 1851
(Month) (Day) (Year)

7-AGE, 63 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Thomas Eagan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Eagan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Brook

(Address) 1510 Fort Ave.

15- Filed NOV 9 - 1915, 191 ROBERT J. KNAUER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) — 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11 — 1 — 1915, to 11 — 7 — 1915, that I saw her alive on 11 — 7 — 1915, and that death occurred, on the date stated above, at 6. P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

? months

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) H. Brook M. D.

11-8-, 1915. (Address) 1510 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Nov. 10 1915

20-UNDERTAKER P. J. & M. J. Flynn — ADDRESS 1422 Light

I. C. C.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89479 152 C89479

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 3510 Walbrook Ave St.: 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret Sulen

(Residence in Baltimore: No. 3510 Walbrook Ave St.; yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov. (Month) 9 (Day), 1915 (Year)

7 AGE: ..... yrs. ✓ mos. ✓ ds. — If LESS than 1 day, ... hrs. or 5 min.? ✓

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wallen Hunt Sulen

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Gladys Schillinger

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Frances Sulen

(Address) 3510 Walbrook Ave

15 NOV 9 - 1915 Filed ....., 191.....

[illegible] KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1915, to Nov 9 1915, that I saw h[er] alive on Nov 9, 1915 and that death occurred, on the date stated above, at 1.05 a. m.

The CAUSE OF DEATH* was as follows:

Asphyxia - due to pressure of cord - during birth - Breech Presentation (Duration) ..... yrs. ..... mos. 1hr

Contributory (SECONDARY) retarded birth Head due to large head, (Duration) ..... yrs. ..... mos. 1hr ds.

(Signed) Wm J Love M. D.

Nov 9, 1915 (Address) 836 W. Monts a

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Nov 9, 1915

20 UNDERTAKER: Wm J Dickey & Sons — ADDRESS: North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89480

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89480

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1635 N. Monroe St ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Price Murray

(Residence in Baltimore: No. 1635 N. Monroe St St.; 33 yrs. 5 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 30 (Day), 1882 (Year)

7-AGE: 33 yrs. 5 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk in B.O.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Wm C. Murray

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Anna B. Leister

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Martha Murray
(Address) 1635 N. Monroe St

15- Filed NOV 9 - 1915 191 NORRIS J. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 7 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28, 191 5, to, Nov 7, 191 5, that I saw h. alive on Nov 7, 191 5, and that death occurred, on the date stated above, at 2.6 m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

About 10 days (Duration) yrs. mos. ds.

Contributory (SECONDARY) Exhaustion (Trained)

..... (Duration) yrs. mos. 1 ds.

(Signed) H. C. Houck MD M. D.

Nov 7. 15, 191 [Address] 19 W Mount

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cem — DATE OF BURIAL: Nov. 10, 191 5

20-UNDERTAKER: B. N. Gore — ADDRESS: 1723 N. Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89481 C89481

CERTIFICATE OF DEATH.

REGISTERED No. C 64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N Caroline ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Whitting

(Residence in Baltimore: No. 614 N Caroline St.; 5 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS and others are earnestly supplied. State

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Martha Dimonds

(Address) 1508 E. Monument St.

15- Filed NOV 9 - 1915, 191.

ROBERT A. KRAUSE
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1915, to Nov 8 1915, that I saw h[illegible] alive on Nov 7 1915, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

1 Day Old age

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hemiplegia

three weeks (Duration) yrs. mos. ds.

(Signed) J. Edward Dittus M. D.

Nov 8, 1915. (Address) 1602 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mont Jon	Nov 10, 1915
20-UNDERTAKER	ADDRESS
John H Owens	1222 [illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89482 — 80 — C89482

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 N. Patterson Park; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alvin A. Lemon

(Residence in Baltimore: No. 701 N. Patterson Park St.; Liv.....yrs.....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June 22, 1873
(Month) (Day) (Year)

7-AGE, 42 yrs. 4 mon. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Emanuel C Lemon

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER Sarah A Kinnard

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs V Lemon

(Address) 701 N Patterson Pk Ave

15-

Filed NOV 9 - 1915, 191..... [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 8, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Nov 8 1915, that I saw h.. alive on Nov 8 1915, and that death occurred, on the date stated above, at 4.20 A.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Cardiac Lesions + Myocarditis

(Duration).....yrs. 9 mos.....ds.

(Signed) Alvin A Lemon M. D.

Nov 8, 1915. (Address) 701 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Greenmount Cem Co	Nov 10, 1915
20-UNDERTAKER	**ADDRESS**
H. Allen Fuller	2013 E Biddle

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89483 C89483

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 529 W. Biddle ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Mason

(Residence in Baltimore: No. 529 West Biddle St.; 43 yrs., 6 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, November 4, 1872
(Month) (Day) (Year)

7-AGE, 43 yrs. 0 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Store

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Mason

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Martha Worsell

13-BIRTHPLACE OF MOTHER (State or Country) Cambridge Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Mason

(Address) 1342 Woodyear St

15- Filed NOV 9 - 1915 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 8, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 30 1915, to November 8th 1915, that I saw him alive on November 7th 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

Sec'd. for the month with Gastro Enteritis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Depletion & Toxemia from Illness & Caking Co'd.

(Duration) yrs. 2 mos. 0 ds.

(Signed) W. E. Campbell M. D.

Nov. 8th, 1915. (Address) 1369 W. Conway St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Nov. 11..., 1915

20-UNDERTAKER John E. Owens — ADDRESS 1322 Druid

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89484

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

C89484

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Amelia Wetter

(Residence in Baltimore: No. 1203 Riverside Ave St. 48 yrs. 9 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan (Month) 20 (Day), 1867 (Year)

7-AGE: 48 yrs. 9 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Baltimore - Md

PARENTS

10-NAME OF FATHER: George Wetter

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Dora Hurkel

(Address) 1203 Riverside Ave.

15 Filed NOV 9 - 1915, 191 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1915, to Nov 8, 1915, that I saw h[illegible] alive on Nov 8, 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast
Operation Exc[illegible] previous to
Death.

(Duration) 1 yrs. 6 mos. ds

Contributory (SECONDARY) Pulmonary Adema

(Duration) yrs. mos. 2 ds.

(Signed) M B Levin M. D.

Nov. 8, 1915 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. 4 mos. ..... ds. In the State 48 yrs. 9 mos. 19 ds.

Where was disease contracted, if not at place of death? 1203 Riverside Ave

Former or usual residence 1203 Riverside Ave

19-PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Nov. 10, 191 5

20-UNDERTAKER: Joseph B Cook — ADDRESS: 1005 West Baltimore St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

FILMED

C89485

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C89485

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1111 Carroll ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Anna Maria Pfaff

(Residence in Baltimore: No. 1111 Carroll St.; 60 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Oct (Month) 17 (Day), 1827 (Year)

7-AGE: 88 yrs. 7 mos. 22 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: don't know

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: don't know

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adam Pfaff

(Address) 1111 Carroll St.

15-

Filed NOV 9 - 1915 19... HARRY O. ANDREWS, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1915, to Nov 8 1915, that I saw h.r alive on Nov 8 1915, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.
causing left & side hemiplegia

(Duration) 2 yrs. ... mos. 19 ds.

Contributory (SECONDARY) coma

(Duration) ... yrs. ... mos. 4 ds.

(Signed) H. E. Knipp M. D.

Nov 8, 1915. [Address] 1002 N. Lanvale

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem.

DATE OF BURIAL: Nov. 10 1915

20-UNDERTAKER: Joseph B. Cook

ADDRESS: 100 S. West Baltimore St.

S.A.F. 0 D A K

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89486 151 C89486

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 N Luzerne St.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula Henderson

(Residence in Baltimore: No. 133 N Luzerne St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Nov 7, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER John Henderson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maria Coleman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-
Filed NOV 9 - 1915, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 7 1915, to Nov 8 1915, that I saw h[illegible] alive on Nov 7 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(1 month)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John [illegible] M. D.

191.., (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
	NOV 9 1915 191..
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner of Health.

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

557

Spec.—8-24-14—M. & T.—2000 Blks.

C89187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

C89187

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen Hospt ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Holland

(Residence in Baltimore: No. 1417 Vincent St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer), General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. L. Wright

(Address) Md. General Hospital

15- NOV 9 - 1915 Filed ....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 7th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1915, to Nov 7th 1915, that I saw h— alive on Nov 7th 1915, and that death occurred, on the date stated above, at 8.10 a.m.

The CAUSE OF DEATH* was as follows:

Nephritis, (Acute Parenchymatous infiltration)

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Urethral stricture

(Duration) ..... yrs. 1 mos. 1 ds.

(Signed) Frank E Shipley M. D.

Nov 8th, 1915. (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1417 Vincent St.

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health.
NOT TO BE USED FOR ANATOMICAL PURPOSES

P.S. Much information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89483 80 C89483

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md Gen. Hospt; St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lee Bell

(Residence in Baltimore: No. 960 Calverton Road St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH Sept 25, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
38 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Peter Bell

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Matilda Bell.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Bell

(Address) 642 N. Bruce St.

15- Filed NOV 9 - 1915, 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 4th; 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2d 1915, to Nov 4th 1915, that I saw h[illegible] alive on Nov 4th 1915, and that death occurred, on the date stated above, at 1.15 p.m.

The CAUSE OF DEATH* was as follows:

1 Angina Pectoris

2

3

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank E. Shipley M. D.

Nov. 4th, 1915 (Address) Md Gen Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. In this State 36 Yrs. yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 960 Calverton Rd

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	NOV 8 1915, 191...
20-UNDERTAKER	ADDRESS
Commissioner Health	
Per Wm E. WOODALL	

FOR ANATOMICAL PURPOSES.

N.B. Entire item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89489

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C89489

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1424 Penna Ave St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Blume

(Residence in Baltimore: No. 1424 Penna Ave St.; 47 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): ~~Married~~ Widowed

6-DATE OF BIRTH: Sept 8, 1850 (Month) (Day) (Year)

7-AGE: 65 yrs. 1 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Ida Blume

(Address) 1424 Penna Ave

15- NOV 9 - 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 7th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1, 1915, to, Nov 7 1915, that I saw him alive on Nov 7 1915, and that death occurred, on the date stated above, at 10:00 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) yrs mos. 7 ds

Contributory (SECONDARY) Exhaustion

..... (Duration) yrs mos. 1 ds.

(Signed), Chas H. Bubert, M. D.

Nov. 8 1915 [Address] 1100 W. Lanvale, Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Nov 10 191.

20-UNDERTAKER: Harry W. Ehlen

ADDRESS 1948 W. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 113 Winter ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Dixon

(Residence in Baltimore: No. 113 Winter St.: yrs., 8 mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, March (Month) 14 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
... yrs. 8 mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm Dixon

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Maud Thornton

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maud Dixon

(Address) 113 Winter

15- NOV 9 - 1915 REGISTRAR OF ARRESTS,

Filed....., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Exhaustion

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edw Gruenthal M. D. (Coroner)

Nov 9, 1915. (Address) 517 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel St	Nov ..., 19...
20-UNDERTAKER	ADDRESS
A L Thompson	1211 Mont

C89491

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C89491

1-PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 422 N. Gilmor St. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Lewis

(Residence in Baltimore: No. 422 N. Gilmor St. St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE: 70 yrs. 2 mos. 1 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Henry Wright

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Adline —

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Columbus Smith

(Address) 422 N. Gilmor St

NOV 9 - 1915

Filed ....., 191 .....

Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct ....., 1915, to, Nov 7 1915, that I saw h.. alive on Nov 6, 1915, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 4 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. A. Smith M. D.

Nov 9, 1915 (Address) 422 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Furnace Branch Laurel

DATE OF BURIAL: Nov 10, 1915

20-UNDERTAKER: Wm. Brown & Son

ADDRESS: 108 N. Montgomery

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89492 C89492

47

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Vermont ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Cato

(Residence in Baltimore: No. 1141 Vermont ave St.; 9 yrs., 10 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work (School child)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, O

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER O

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Brooks

(Address) 1710 E. Calhoun st

15- NOV 9 - 1915 MARY O ANDREAS,

Filed....., 191.. Burial permit clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191..., to .....191...,
that I saw h... alive on .....191...,
and that death occurred, on the date stated above, at .....m.
The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cathedral	Nov 11, 191.5
20-UNDERTAKER	ADDRESS
Robert S Brookes	1710 E Calhoun st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89493 C89493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.: 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Kalivoda

(Residence in ~~Baltimore~~: No. Mercy Hospital St.; —yrs., 1 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 8 (Day), 1878 (Year)

7-AGE, 37 yrs. 9 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Painter
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Josef Kalivoda

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josefa Kalivoda

(Address) Curtis Bay Md

15- NOV 9 - 1915 HEALTH DEPARTMENT Burial Permit Clerk.

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20, 1915, to Nov 7, 1915, that I saw h alive on Nov 7 1915, and that death occurred, on the date stated above, at 2:50 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Duration 2 mos.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward C. Smith M. D.

Nov 8, 1915 (Address) 2411 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 3 mos. 1 ds. In the State 20 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Curtis Bay Md

Former or usual residence Curtis Bay Md

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, Oct 11, 1915

20-UNDERTAKER Frank Cracknell Son — ADDRESS 1904 Eastlake

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8 C89491 142 C89491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hd Hosp ST. WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Miller

(Residence in Baltimore: No. 715 N Mulberry St.: yrs., 5 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	Col	Single

6-DATE OF BIRTH, unknown, 1879
(Month) (Day) (Year)

7-AGE, 36 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cement finisher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Miller
11-BIRTHPLACE OF FATHER (State or Country), Virginia
12-MAIDEN NAME OF MOTHER Susan Bagby
13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary Miller
(Address) 624 Smith St

15- Filed NOV 10 1915 191 ROBERT J. KRAUTER Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Surgical Shock
Operation for Lacerations Scrotum & Abdominal Wall (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Urinary infiltration
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
Nov 9, 1915 (Coroner) (Address) 342 N Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 1 ds. In the State 15 yrs. mos. ds.
Where was disease contracted, if not at place of death? 715 Mulberry St
Former or usual residence 715 Mulberry St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bayview Middle River Co Va	Nov 12 1915
20-UNDERTAKER John H Owens	ADDRESS 1222 Druid St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C89493

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3152 Cedar Ave ST.; 13 WARD)

REGISTERED NO. C

2-FULL NAME Lloyd Chester Upperco

(Residence in Baltimore: No. 3152 Cedar Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

St.; 0 yrs., 1 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, Sept. (Month) 18 (Day), 1915 (Year)

7-AGE, 0 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER. Wm H. Upperco

11-BIRTHPLACE OF FATHER (State or Country). Pennsylvania

12-MAIDEN NAME OF MOTHER Nellie Virginia Marsh

13-BIRTHPLACE OF MOTHER (State or Country). Woodberry Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Upperco

(Address) 3152 Cedar Ave

15- Filed NOV 10 1915 191 Burial Permit Issued. ROBERT J. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 7th 1915, to Nov 9th 1915, that I saw h[illegible] alive on Nov 8th 1915, and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) 2 yrs. 8 mos. 3 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) 3 wks. 1 mos. 21 ds.

(Signed) J. B. Marden M. D.

Nov 9th 1915. (Address) 2401 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's DATE OF BURIAL, Nov 8, 1915

UNDERTAKER, A. Dillman ADDRESS 1539 Mad

over

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89496 C89496

CERTIFICATE OF DEATH.

REGISTERED NO. C 8 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Hennemans Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Hergenrother

(Residence in Baltimore: No. 2217 Hennemans Ave St.; 73 yrs., 2 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. 2nd, 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. 2 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gardener
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, Michael Hergenrother

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Barbara Hergenrother

(Address) 2217 Hennemans Ave

15- Filed NOV 10 1915, 191.. NORRIS . KRAUTER, Special Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 9 1915, to Nov 9 1915, that I saw h[im] alive on Nov 8 1915, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Dilatation of Heart

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia Duration 1 m

(Duration) yrs. mos. ds.

(Signed) Edw J Kelly M. D.

Nov 9, 191.. (Address) 1419 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, November 13, 1915

20-UNDERTAKER Henry Horck Sons — ADDRESS 1301 E Eager St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

089497 089497

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2814 Winchester ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Rose Lears

(Residence in Baltimore: No. 2814 Winchester St.: ✓ yrs., ✓ mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Nov 7, 1915
(Month) (Day) (Year)

7-AGE, ✓ yrs. ✓ mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Walter J. C. Lears

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Maria Rose Magyre

13-BIRTHPLACE OF MOTHER (State or Country), Newport News Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Walter J. C. Lears Father
(Address) 2814 Winchester St.

15- Filed NOV 10 1915 ROBERT . KRAUTER Registrar. Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 7 1915, to Nov 9 1915, that I saw her alive on Nov 9 1915, and that death occurred, on the date stated above, at 2-45 P. m.

The CAUSE OF DEATH* was as follows:

Melaena Neonatorum

(Duration) ✓ yrs. ✓ mos. 2 ds.

CONTRIBUTORY (Secondary) ✓

(Duration) ✓ yrs. ✓ mos. ✓ ds.

(Signed) Henry C. Chile M. D.

Nov 9, 1915 (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral DATE OF BURIAL, Nov 10, 1915

20-UNDERTAKER Harry H. Wittke ADDRESS 1531 W. Lombard St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89493

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89493

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST. 3 WARD) REGISTERED No. C 92

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Samuel Gordon

(Residence in Baltimore: No. 1004 E. Baltimore St. 8 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: November 1st, 1 (Month) (Day) (Year)

7 AGE: 27 yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Eliot Gordon

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Bailey Chinchiski

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Israel Chincuskie

(Address) 233 S. High st

15 FILED NOV 10 1915 NORRIS A. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 10th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 30 1915, to Nov. 10 1915, that I saw h[illegible] alive on Nov 10 1915, and that death occurred, on the date stated above, at 6 [illegible] m.

The CAUSE OF DEATH* was as follows:

Acute Oedema
Pulmonary

Contributory (SECONDARY) Lobar Pneumonia (Duration) 7 yrs. — mos. 1 ds

(Duration) — yrs. — mos. 12 ds.

(Signed), Louis Diener M. D.

Nov-10, 1915 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. 10 ds. In the State 8 yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1004 E Baltimore St.

19 PLACE OF BURIAL OR REMOVAL: Hebrew M Cemt — DATE OF BURIAL: Nov 10, 1915

20 UNDERTAKER: Jack Levy — ADDRESS: 1107 E Baltimore st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITING INK—THIS IS A PERMANENT RECORD, WITH UNFADING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89499 — 28 — C89499

Registered No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 606 S. Regester St.: 2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Harry Armeling

(Residence in Baltimore: No. 605 S. Regester St.: life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWER OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May 18, 1886 (Month) (Day) (Year)

7 AGE: 29 yrs. 6 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9 BIRTHPLACE (State or country): Md Balto.

PARENTS

10 NAME OF FATHER: Henry Armeling

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Buncough

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Armeling

(Address) 606 S. Regester St.

15 Filed NOV 10 1915 ROBERT . KRAUTER, Registrar of Vital Statistics, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 8 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1915, to Nov. 8 1915, that I saw him alive on Nov 7, 1915, and that death occurred, on the date stated above, at 1200 m.

The CAUSE OF DEATH* was as follows:

Laryngeal + Pulmonary Tuberculosis (Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Laryngeal + Pulmonary TB (Duration) 1 yrs. mos. ds.

(Signed) Fred Heller M. D.

Nov 8, 1915 (Address) 193 7 Fough Co

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: Nov 11 1915

20 UNDERTAKER: H Sander Evans — ADDRESS: 1116 E Lat St

Spec.—8-24-14—M. & T.—2000 Blks.

Catherine Thomas.

C89500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89500

x 50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Thomas -

(Residence in Baltimore: No. 3305 Canton Ave. St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, Nov 18th, 1857 (Month) (Day) (Year)

7-AGE, 57 yrs. 11 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Thomas

(Address) 3008 E. Fayette St.

15-

Filed NOV 10 1915 ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1915, to Nov. 8 1915, that I saw h[illegible] alive on Nov 8 1915, and that death occurred, on the date stated above, at 3 1/2 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes and Uraemia. Contributory Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY. (Secondary) Hypostatic pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) Otto Lundt M. D.

Nov 8, 1915. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 45 yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 3305 Canton Ave.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, Nov. 11, 1915.

20-UNDERTAKER H. Gaudet & Sons

ADDRESS 1710 Pleet St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89501

CERTIFICATE OF DEATH.

C89501

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 E Fayette St.; 6 WARD)

REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Hexter

(Residence in Baltimore: No. 2019 E Fayette St.; 82 yrs., 8 mos. 17 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, February (Month) 22 (Day), 1833 (Year)

7-AGE, 82 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, — Gardner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothea Rust

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Adler

(Address) 311 W. Camden St.

15- Filed NOV 10 1915, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 1915, to Nov. 8 1915; that I saw h.. alive on Nov. 7 1915; and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Senility (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation (Duration) ....yrs. ....mos. ....ds.

(Signed) J. E. Brumbaek M. D.

18-10, 1915. (Address) 1202 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. — DATE OF BURIAL, Nov. 12, 1915

20-UNDERTAKER John Henrig & Co. — ADDRESS 2008 Aliceanna

C89502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C89502

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5 N Amity ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Infant Forrest

(Residence in Baltimore: No. 5 N. Amity St.: yrs., 1 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Col	Single

6-DATE OF BIRTH. Oct 16, 1913 (Month) (Day) (Year)

7-AGE. ....yrs. 1 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Forrest

11-BIRTHPLACE OF FATHER (State or Country). North Carolina

12-MAIDEN NAME OF MOTHER Sarah Johnson

13-BIRTHPLACE OF MOTHER (State or Country). North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Forrest

(Address) 5 N Amity

15- Filed NOV 10 1915, 191... ROBERT J. KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 8, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ...inquest... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ...Coroner... (Inquest, autopsy or inquiry.) find that said deceased came to ...her... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature birth

(Seven months foetus)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Pat Jeffers (Coroner) M. D.

Nov 9, 1915 (Address) 744 N Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	Nov 10, 1915
20-UNDERTAKER	ADDRESS
Charles B Jones	1128 W Saratoga

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89503 C89503

CERTIFICATE OF DEATH.

x 169

REGISTERED No. C

1-PLACE OF DEATH, (CITY OF BALTIMORE) found dead No. Pier #4 Pratt St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME albert Kestner

(~~Residence in Baltimore~~ No. 807 S. Fiest St. Balto St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.): Married

6-DATE OF BIRTH, Oct 26, 1855 (Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): General.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Kestner

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Annie Rummel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Kestner

(Address) 807 First St.

15- Filed NOV 10 1915, 191... ROBERT J. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found November 6, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Drowned how caused unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Hoo. H. Chambers. (Coroner.) M. D.

Nov. 10, 1915. (Address) 18 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem DATE OF BURIAL, NOV 10 1915, 19...

20-UNDERTAKER Peter Nicolaus ADDRESS 2046 Eastern Av.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89504 C89504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH Howard A Kelly Sanatorium REGISTERED NO. C

CITY OF BALTIMORE: (No. 1418 Eutaw Pl. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred H Regey

(Residence in Baltimore: No. H. A. Kelly Sanatorium St.; ..... yrs. 1 mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 28 (Day), 1877 (Year)

7-AGE,	If LESS than 1 day,
38 yrs. 6 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Constructing
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer

9-BIRTHPLACE, (State or Country), W. Virginia

PARENTS.

10-NAME OF FATHER, H. F. Regey

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Theresa Wood

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Hess Regey

(Address) Shinnston W. Va

15- Filed NOV 10 1915 191.... Registrar.

ROBERT J. KRAUTH
REGISTRAR OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1915, to Nov 10 1915, that I saw h. alive on Nov 10 1915, and that death occurred, on the date stated above, at 7 40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

Several years

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Post Mortem tracheal hemorrhage (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) William Hess M. D.

Nov 10, 1915. (Address) 1418 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. ..... ds. In the State ..... yrs. 1 mos. ..... ds.

Where was disease contracted, if not at place of death? Peabody W. Va

Former or usual residence, Shinston W. Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Walkersville W. Va	Nov 10..., 1915

20-UNDERTAKER	ADDRESS
Chas. G. Black 1201	W. Mulberry St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89505 C89505

CERTIFICATE OF DEATH.

8 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Jefferson St.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Evans

(Residence in Baltimore: No. 1615 Jefferson St. St.; yrs., mos., ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. September 4th, 1913
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

PARENTS.

9-BIRTHPLACE, (State or Country), Balto Maryland.

10-NAME OF FATHER, Thomas Edwards

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Clementine Fortune

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clementine Edwards

(Address) 1615 Jefferson st.

15- ROBERT J. KRAUTER
Filed NOV 10 1915 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased Oct the 8 Nov 1915, to ....., 191..., that I saw h[illegible] alive on 8 Nov. 1915, and that death occurred, on the date stated above, at 9 - m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion (?)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Clancy Field Clark M. D.

9 Nov 1915. (Address) 1430 N. Carolina

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Nov 10 1915
20-UNDERTAKER Wm. A. Elliott	ADDRESS 306 East N

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89506

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 720 Augusta St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Dillon

(Residence in Baltimore: No. 720 Augusta St. St.; yrs. mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov. 7, 1915 (Month) (Day) (Year)

7-AGE: yrs. mos. 3 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: David Dillon.

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Rebecca Sandler

13-BIRTHPLACE OF MOTHER (State or country): Balt.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Lewis

(Address) 1414 E Baltd

15- Filed NOV 10 1915 191 ..REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1915, to, Nov 10 1915, that I saw h alive on Nov 10 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Congestion

(Duration) yrs mos 3 ds.

Contributory (SECONDARY): Uterine Inertia

(Duration) yrs mos 3 ds.

(Signed) Dr Rinaldi M. D.

11/10, 1915 [Address] 2311 Harford

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Workmen circle

DATE OF BURIAL: 11/10 1915

20-UNDERTAKER: Mt Vernon Jack Lewis

ADDRESS: 1419 E Balt St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PERMANENT, WITH UNFADING INK THIS IS A PERMANENT RECORD

C89507 C89507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2359 West North Avenue, St.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Isabel Ruthrauff,

(Residence in Baltimore: No. 2359 West North Avenue, St.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female,	White,	Single,

6-DATE OF BIRTH, May (Month) 16th (Day), 1858. (Year)

7-AGE, 57 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper,
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Jacob A. Ruthrauff,

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania,

12-MAIDEN NAME OF MOTHER Elenora R. Eakle,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella R. Easter, sister,

(Address) 2329 West North Avenue.

15- NOV 10 1915 Filed, 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 8th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Sclerosis coronary arteries,
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. Fordyce Kellogg M. D.
(Coroner.)

Nov. 9th 191.5 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Nov. 11, 19..

20-UNDERTAKER Stewart & Mosser Co — ADDRESS 108-20 North Ca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89508 C89508

CERTIFICATE OF DEATH. 81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Battery ave. ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Petty (James Petty)

(Residence in Baltimore: No. 1110 Battery ave. St.; 50 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Nov. 5, 1871 (Month) (Day) (Year) 41

7-AGE, 74 yrs. mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Florist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Petty

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Rose McCaffrey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Petty

(Address) 1110 Riverside Ave

15- NOV 10 1915 Filed ..... 191.. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 8th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1915, to Nov 8th 1915, that I saw ~~him~~ alive on Nov 8th 1915, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Cystic Leukemia

Months (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. 8 mos. ds.

(Signed) M. D. Hayden M. D.

Nov 8th, 1915. (Address) 1428 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, Nov. 11., 1915

20-UNDERTAKER H. & M. G. Flynn

ADDRESS 1422 Light St

Stic—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89503 9 C89503

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N. Chester St.; 6 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Estella Lockwood

(Residence in Baltimore: No. 416 N. Chester St.; 2 yrs. 6 mos. 17 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 24 (Day), 1913 (Year)

7-AGE, 2 yrs. 6 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Lockwood

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Elizabeth Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth Lockwood

(Address) 416 N. Chester

15- NOV 10 1915 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 191 5, to Nov 10 191 5, that I saw h[er] alive on Nov 10 191 5, and that death occurred, on the date stated above, at 1 15 A m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Edward J. Cook M. D.

10/11 191 5. (Address) 413 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Nov 11. 1915

20-UNDERTAKER Phylip Herwig ADDRESS 2016 Orleans St

9 A M

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89510 — x 146 — C89510

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Thompson

(Residence ~~in Baltimore~~: No. St Joseph's Hospital St.; ..... yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) ..... (Year)

7-AGE, 11 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, School girl
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Taylor Harford Co Md

PARENTS.

10-NAME OF FATHER, Walter H Thompson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma E Coe

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter H Thompson

(Address) Sharon R F D No 2 Md

15- NOV 10 1915

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 10, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 9 1915, to Nov 10 1915, that I saw h e alive on Nov 10 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis 7 days

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonic Tuberculosis

(Duration) ..... yrs. 5 mos. 3 ds.

(Signed) E. H. Hall M. D.

Nov. 11, 1915 (Address) W Baltimore Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 11 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Sharon Md

Former or usual residence Sharon Md.

19-PLACE OF BURIAL OR REMOVAL, Ebenezer Cemetery — DATE OF BURIAL, Nov 11, 1915

20-UNDERTAKER, Hartford Co Md — ADDRESS E H Kurtz & Son, Jarrettsville Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C 89511

CITY OF BALTIMORE: (No. 3001 Windsor Ave. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank A. Wolvington

(Residence in Baltimore: No. 3001 Windsor Ave St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 14th, 1857.
(Month) (Day) (Year)

7-AGE, 58 yrs. 4 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Detective
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, James W. Wolvington

11-BIRTHPLACE OF FATHER (State or Country), Frostburg Md.

12-MAIDEN NAME OF MOTHER, Catharine M. Harlan

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary M. Wolvington

(Address) 3001 Windsor Ave

15-NOV 10 1915 Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 9, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1915, to Nov 9 1915, that I saw h[er] alive on Nov 8 1915, and that death occurred, on the date stated above, at 11 15 A m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia, Hypostatic
Arteriosclerosis
Contusion Myocarditis
Pulmonary tuberculosis (Duration) several months ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) E. S. Hayward M. D.

Nov. 10, 1915. (Address) 838 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov. 12..., 1915.

20-UNDERTAKER E. M. McClellan & Co. — ADDRESS 1211 W. Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 C89512

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 N Fairmount Av St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Buppert.

(Residence in Baltimore: No. 1936 N Fairmount Ave St.; ... yrs. ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, May 26th (Month) (Day), 1859 (Year)

7-AGE, 56 yrs. 5 mos. 12 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore County Md

PARENTS.

10-NAME OF FATHER, John Buppert

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Anna M. Brant

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Buppert

(Address) 1936 N Fairmount Ave

15-NOV 10 1915 HEALTH OFFICER

Filed ..., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1915, to Nov 8 1915, that I saw him alive on Nov 8 1915, and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Bladder

X Ray & Radium Treatment

(Duration) ... yrs. 5 mos. ... ds.

CONTRIBUTORY (Secondary) from Cystitis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. H. Friedenwald M. D.

Nov 9, 1915. (Address) 38 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery Rosyln Md DATE OF BURIAL, Nov 11, 1915.

20-UNDERTAKER, Geo P Gerbig ADDRESS, Balto & Payson 56

Spec.—5-19-13—M. & T.—500 Bks.

089513

HEALTH DEPARTMENT—CITY OF BALTIMORE

089513

CERTIFICATE OF DEATH.

1-PLACE OF DEATH The Hebrew Hospital — REGISTERED NO. C. 91

CITY OF BALTIMORE: (No. 1117 N. Mount ST.) 12 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Porter

(Residence in Baltimore: No. 2727 Guilford Ave — St.: 2 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, May 20, 1878. (Month) (Day) (Year)

7-AGE, 37 yrs. 7 mos. 19 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Case

(Address) 1406 Monroe St

15- NOV 10 1915 Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 8, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 3rd 191 5, to Nov 8th 191 5, that I saw h[illegible] alive on Nov 8th 191 5, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope following acute Dilitation

(Duration) yrs. Unknown mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. Unknown mos. ds.

(Signed) W. Drew M. D.

Nov 10, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State 2 yrs. Unknown mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 2727 Guilford Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Md — DATE OF BURIAL, Nov 11, 1915

20-UNDERTAKER D.W. Chase and Son. — ADDRESS 1406 Monroe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C89514 28 C89514

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 S. Duncan ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Eva Thomasek

(Residence in Baltimore: No. 327 S. Duncan St St.; 20 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE. White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day), 1884 (Year)

7-AGE, 31 yrs. — mos. — ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Frank Czaplinski

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Thomasek

(Address) 327 S. Duncan St

15- Filed NOV 11 1915 ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Nov 9 1915, that I saw h[er] alive on Nov 8 1915, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Rosand M. D.

Nov 9, 1915 (Address) 1008 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus | DATE OF BURIAL, Nov. 14, 1915

20-UNDERTAKER William Fiaczkowski | ADDRESS 1618 Eastern Ave.

C89515

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89515

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 118 N. Amity St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Johnson

(Residence in Baltimore: No. 118 N. Amity St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Berry

(Address) 1320 N. Carey St

15- Filed NOV 11 1915, 191.. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 9, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(Duration) yrs. mos. ds.

(Signed) C. C. Keller M. D.

Nov 9, 191 5 (Corner) (Address) 24 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Nov 11, 1915

20-UNDERTAKER, Geo R Holland

ADDRESS 517 Albert St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89516 — REGISTERED No. C 77 C89516

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 927 Rutland Ave St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Williamson

(Residence in Baltimore: No. 927 Rutland ave St.; 17 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female — 4-COLOR OR RACE, Colored — 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1867 (Year)

7-AGE, 48 yrs. ..... mos. ..... ds. — If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Co Md

PARENTS.

10-NAME OF FATHER, Nicholas Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Forster

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Dennon Williamson

(Address) 927 Rutland Ave

15- NOV 11 1915 Filed ..... 191.. Registrar. ROBERT J. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10 Aug. 1915, to 9 Nov. 1915, that I saw h[er] alive on 8 Nov. 1915, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis with complications

Several (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Anemia

Several (Duration) ... yrs. ... mos. ... ds.

(Signed) C. Lunsford Boyd M. D.

18 10, 1915. (Address) 1432 N. Carlton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	11, 191..
20-UNDERTAKER	ADDRESS
Isaac S Kemsley	5 S Mt Auburn

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89517 ×79 C89517

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Ogden

(Residence ~~in Baltimore~~ No. Mercy Hospital St.; ..... yrs., ... mos. 2 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Oct 31, 1853
(Month) (Day) (Year)

7-AGE, 62 yrs. 0 mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Morgan Ogden

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Mrs Eckstein

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,

(Informant) Sister Mercy [illegible]

(Address) Calvert St

15- NOV 11 1915 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Nov. 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9 1915, to Nov. 10 1915, that I saw h[illegible] alive on Nov. 10 1915, and that death occurred, on the date stated above, at 1130 m.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis & Myocarditis

Dr. I Know

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile Cystitis Dilatation

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) Edward P. Smith M. D.

Nov. 10, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. 2 ds.

Where was disease contracted, if not at place of death? Washington D.C.

Former or usual residence Washington D.C.

19-PLACE OF BURIAL OR REMOVAL, Wash. N. C. | DATE OF BURIAL, Nov 11, 1915

20-UNDERTAKER Wm J Tuckerson Sons. | ADDRESS North Pa

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89518 138 C89518

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Ida Thomas

(Residence in Baltimore: No. 624 W. Franklin St.; 1 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) Nov. 11 (Day), 1895 (Year)

7-AGE, 20 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, J. W. Brown

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Ida Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. W. Brown

(Address) Edmondson Ave.

15- NOV 11 1915 ROBERT P. KNADLER
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 11th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1915, to Nov. 11th 1915, that I saw her alive on Nov. 11th 1915, and that death occurred, on the date stated above, at 5.35 P.M.

The CAUSE OF DEATH* was as follows:

Eclampsia

Puerperal

(Duration) ..... yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank E. Shipley M. D.

Nov. 11th, 1915 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 hrs. In State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 624 W. Franklin St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Nov. 14, 1915

20-UNDERTAKER W. M. Coulson

ADDRESS 230 N. Greene

(Over)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89519 151 C89519

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE; (No. 2682 St Benedict ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marian Schrenk

Residence in Baltimore: No. 2682 St Benedict St.; yrs., 20 mos. Min. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Nov (Month) 10 (Day), 1914 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 20 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, John Schrenk

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Emma Schaffhauser

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Schrenk

(Address) 2682 St Benedict

15- NOV 11 1915 Filed ....., 191.... MORRIS . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1915, to Nov 10 1915, that I saw h[illegible] alive on Nov 10 1915, and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

.....

.....

Premature Birth

..... (Duration) ....yrs....mos....ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ....yrs....mos....ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Nov ....., 191..

20-UNDERTAKER F D Waesche — ADDRESS 238 E Fred Ave

Spec. 24-14—M. & T.—2000 Blks.

C89520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C89520

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 502 N. Ross ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME John Edward Mayer

(Residence in Baltimore: No. 502 N. Ross St.; 37 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 8 (Day), 1878 (Year)

7-AGE, 37 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) Water Dept. (City)

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, Louis Meyer.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Louisa Habersham

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maud L. Mayer

(Address) 502 N. Ross St

15- NOV 11 1915 Filed....., 191.. ROBERT . KRAUTHER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 9 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 191[illegible], to Nov 9 191[illegible], that I saw h[illegible] alive on Nov 9 191[illegible], and that death occurred, on the date stated above, at 12 20 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Blackford M. D.

Nov 9, 191[illegible]. (Address) 606 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Nov 11, 191[illegible]

20-UNDERTAKER Chamberlain Miller — ADDRESS 2334 Jefferson Av

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C89521 — 40 C89521

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 N. Collington ave. ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Jane Brown

(Residence in Baltimore: No. 21 N. Collington ave. St.; 45 yrs.. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Aug. (Month) 12 (Day), 1843 (Year)

7-AGE, 72 yrs. 2 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Ind.

PARENTS.

10-NAME OF FATHER. Edwin Matthews

11-BIRTHPLACE OF FATHER (State or Country). Ind.

12-MAIDEN NAME OF MOTHER. Mary Stinchcomb

13-BIRTHPLACE OF MOTHER (State or Country). Ind.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Brown

(Address) 21 N. Collington ave.

15- Filed NOV 11 1915 ROBERT P. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 6 1915, to Nov 9 1915, that I saw her alive on Nov 9 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach
(Clinical Diagnosis)
(Duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) John I. Spickard M. D.

Nov 10 1915 (Address) 2112 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Nov. 12, 1915

20-UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 (89522

(C89522

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 116 W. 27th St. Ward 12)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Eugene N. Tock

(Residence in Baltimore: No. 116 W. 27th St. St. 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH Unknown (Month) (Day), 1 (Year)

7 AGE 47 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Va

PARENTS

10 NAME OF FATHER Wm J. Richardson

11 BIRTHPLACE OF FATHER (State or country) Va

12 MAIDEN NAME OF MOTHER Sara Davis

13 BIRTHPLACE OF MOTHER (State or country) Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Everett D Tock

(Address) 116 W. 27 St

15 Filed NOV 11 1915 ROBERT . KRAUTER, Special Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 10th (Month) (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1915, to Nov 10 1915, that I saw h[illegible] alive on Nov 10 1915, and that death occurred, on the date stated above, at 4.30P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Paralysis
Duration yrs. mos. ds

Contributory (SECONDARY) Paralysis
Duration yrs. mos. ds.

(Signed) Fred Richardson M. D.

Nov. 10, 1915 (Address) 112 W. 25 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Urbana Va	Nov. 11, 1915
20 UNDERTAKER Jos B Cook	ADDRESS 103 W Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C89523

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89523

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Dilla

(Residence in Baltimore: No. 25 North Rose St. St.; (If not, yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. May 2d, 1915.
(Month) (Day) (Year)

7-AGE. 5 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. Jacob Dilla

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Katrina Yachel

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Kropel

(Address) Johns Hopkins Hosp.

15-Filed NOV 11 1915, 191. ROBERT · KRAUTER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 11th, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1915, to Nov. 11th 1915, that I saw h[illegible] alive on Nov. 11th 1915, and that death occurred, on the date stated above, at 5 3/4 a.m.

The CAUSE OF DEATH* was as follows:

Pyelo-cystitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 3 mos. ds.

(Signed) Gilbert W. Rosenthal M. D.

Nov. 11, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. 4 mos. ds.

Where was disease contracted, if not at place of death? 4

Former or usual residence 25 N. Rose St

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. DATE OF BURIAL, Nov. 12th, 1915.

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Pleasant

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89524

79 C89524

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Barley ST.; 12 WARD) REGISTERED NO. C

2-FULL NAME Victoria Braxton

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 3501 Barley St.; 15 yrs., mos. da.) adt

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Marid

6-DATE OF BIRTH, ... (Month) ..... (Day) 1865 (Year)

7-AGE, 50 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Commonwealth

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER. Richard Bauler

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Abbie Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Johnson

(Address) 3501 Barley St.

15- NOV 11 1915 ROBERT J. KRAUTER Filed ..... 191 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 11 (Month) ..... 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to Nov 9 1915, that I saw her alive on Nov. 9 1915, and that death occurred, on the date stated above, at 5-h m.

The CAUSE OF DEATH* was as follows:

Heart Disease

Indefinite

(Duration) Indefinite yrs. mon. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mon. da.

(Signed) R. Garland Atwell M.D.

Nov. 10, 1915. (Address) 424 East 23 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn County

DATE OF BURIAL, November 13 1915.

20-UNDERTAKER Reli-Bury Co

ADDRESS 102 Emmett St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89525 C89525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 712 N Spring St. 10 WARD) 189 REGISTERED No. C

2-FULL NAME Rebecca Jones

(Residence in Baltimore: No. 712 N Spring)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

Sd; yrs. 80 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS.

9-BIRTHPLACE, (State or Country): Balto Md

10-NAME OF FATHER, James Mason

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr Dr John Jones.
(Address) 712 N Spring Pl

15- E. KRAUTER, Burial Permit Clerk.
Filed NOV 11 1915 191
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 9th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah Powell M. D. (Coroner.)

Nov 9, 1915. (Address) 136 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Antony Cemetery — DATE OF BURIAL, November 11 1915

20-UNDERTAKER Robert A Elliott — ADDRESS 504 Ecol Av

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-24-14—M. & T.—2000 Blks.

C89525

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89526

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (NO. 572 Wilson St ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura C Augustus

(Residence in Baltimore: No. 572 Wilson Street St.; 35 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Maried

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, Isaac Richardson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary L Richardson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband George Augustus

(Address) 572 Wilson St

15- NOV 11 1915 Filed, 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 8 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 3 1915, to Nov 8 1915, that I saw h er alive on Nov 8 1915, and that death occurred, on the date stated above, at 6 38 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 5 yrs. mos. ds.

(Signed) Chas A Claudius M. D.

Nov 10, 191.. (Address) 548 Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 11 1915

20-UNDERTAKER Forest A Elliott — ADDRESS 506 Rodgers

C89527

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89527

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph's Hospital St.; 9 WARD) 775 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin F Zeakes

(Residence in Baltimore: No. Middletown Md St.; yrs., mos. 3 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) 1 (Year) .....

7-AGE, About 38 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Daniel D Zeake

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Amanda E Dutrow

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John S. Zeakes

(Address) Burkittsville Md

15- Filed NOV 11 1915 Registrar.

BURIAL PERMIT ISSUED

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 11th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest pending (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest pending (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Right Leg crushed off by R.R. Train

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elgin A Russell M. D.
(Coroner.)

Nov 11, 1915. (Address) 154 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. 2 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Gayland Md

DATE OF BURIAL, 11/11, 1915.

20-UNDERTAKER William Cook

ADDRESS 502 E Fall

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(89523) 37 (89523)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 E. Fort Ave. ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Henry Leidner

(Residence in Baltimore: No. 422 E. Fort Ave. St.; 74 yrs., 5 mos. 10 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, May (Month) 31 (Day), 1841 (Year)

7-AGE, 74 yrs. 5 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Henry Leidner,

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not known.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mc Cauley

(Address) 422 E. Fort Ave.

15. Filed NOV 11 1915, 191.... ROBERT . KRAUTER, Special Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 7 1915, to Nov. 9 1915, that I saw him alive on Nov. 9 1915, and that death occurred, on the date stated above, at 2.50 P m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

Renal

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) Some yrs. mos. ds.

(Signed) Wm. T. Seabury, M. D.

Nov. 9, 1915. (Address) 621 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, ~~Pro~~ Mt. Matthews Cem

DATE OF BURIAL, Nov. 12 1915.

20-UNDERTAKER Mrs J. E. Evans & Son

ADDRESS 1428 St Charles St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89529 C89529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 2

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 219 N Washington ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret L. Schreiber

(Residence in Baltimore: No. 219 N Washington St.; yrs., mos. W ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. (Month) 8th (Day), 1915. (Year)

7-AGE, ...yrs. ....mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John F. Schreiber

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret L. Cantley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Huber

(Address) 926 N Washington

15- NOV 11 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 10th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Interus Neonatorum

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin L. Cassell M. D. (Coroner.)

Nov. 12, 1915. (Address) 426 N. Milton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Nov. 11, 1915.

20-UNDERTAKER J. Herring & Co — ADDRESS 2008 Mcam

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89530 138 C89530

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Light St.: 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Idella Lindenburg

(Residence in Baltimore: No. 1603 Light St.: 30 yrs., 8 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. (Month) 12 (Day), 1885 (Year)

7-AGE, 30 yrs. 8 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, House duties
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robt H. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Emily Walker

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Lindenburg

(Address) 1603 Light St

15. NOV 11 1915 Filed ....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1915, to Nov 9 1915, that I saw h or alive on Nov. 9 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

pregnancy (Duration) ... yrs. 8 mos. 4 ds.

(Signed) J. F. Hall Turner M. D.

Nov. 19, 1915. (Address) 18 E. Randall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, Nov. 11, 1915

20-UNDERTAKER J. Fen. McCully — ADDRESS 39 E. Fort Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

089531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 223 Parrish Alley. ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Blaine

(Residence in Baltimore: No. 223 Parrish Alley. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, about 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- NOV 11 1915 HARRY O ... JOHNS HOPKINS HOSPITAL.

Filed ....., 191.. Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 6th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jamed Hunting M. D.

Nov. 9th, 1915. (Coroner) (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, NOV 12 1915 Date of burial, ..., 19....

20-UNDERTAKER ADDRESS

FOR ANATOMICAL USE

C89532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89532

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hosp. St. 5 Ward) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs. Thomas Sidney

(Residence in Baltimore: No. 1428 Fairmount Ave St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1 (Year)

7-AGE, 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- NOV 11 1915
Filed ....., 191.... HENRY O. JONES
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 25th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) M. D.

Oct 28, 1915 (Address) 137 W. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, NOV 1 1915, 19....
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health

C89533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C89533

REGISTERED No. C

1-PLACE OF DEATH.
CITY OF BALTIMORE (No. Pronounced dead at Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	?

6-DATE OF BIRTH, ?, 1 (Month) (Day) (Year)

7-AGE, about 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ?
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), ?

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police records —

(Address)

15- NOV 11 1915

Filed ....., 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. H. Chambers (Coroner.) M. D.

Nov. 10, 1915. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 19..

20-UNDERTAKER | ADDRESS

NOV 11 1915 HARRY O ... JOHNS HOPKINS HOSPITAL

Commissioner Health

FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89534

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Henry Hospital St. 4th WARD) REGISTERED No. C 89534

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Tieska (Tieska)

(Residence in Baltimore: No. None came from Passaic, N. J. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	?

6-DATE OF BIRTH, ? (Month) , 1 (Day) (Year)

7-AGE, about 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Unemployed

9-BIRTHPLACE, (State or Country), ?

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police records

(Address)

15- Filed NOV 11 1915, 191. HARRY O ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute dilatation of heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) chronic alcoholism

(Duration) yrs. mos. ds.

(Signed) Thos. B. Saunders M. D. (Coroner.)

Nov. 10, 1915 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, , 19
JOHNS HOPKINS HOSPITAL	
20-UNDERTAKER Commissioner Health	ADDRESS

FOR ANATOMICAL PURPOSES

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89535 C89535

CERTIFICATE OF DEATH.

REGISTERED No. C 152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Jud. guil) Hospital St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Yeta Miller

(Residence in Baltimore: No. 1620 Madison ave St.: ..... yrs. ..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov (Month) 10 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 1 ds.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Barmiller

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Yeta Nomad

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. N. Freeman

(Address) 1522 Lundenave

15- NOV 11 1915 HARRY D. ANDREWS
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1915, to Nov 11 1915, that I saw h ex alive on Nov 10 1915, and that death occurred, on the date stated above, at 9 15 a m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. N. Freeman M. D.

11/11, 1915. (Address) 1522 Lundenave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. 1 ds.

Where was disease contracted, if not at place of death? 1620 Madison ave

Former or usual residence 1620 Madison ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Int Carmel Cem DATE OF BURIAL, Nov 12, 1915

20-UNDERTAKER Jack Levin ADDRESS 1104 Edmondson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C89536

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1700 N Lafayette St. 16 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lewis Thomas

(Residence in Baltimore: No. 1700 N Lafayette St.; 40 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov (Month) 1 (Day), 1858 (Year)

7-AGE, 57 yrs. 0 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Policeman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John R. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Isabella Ellis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs E. Thomas
(Address) 1700 N Lafayette

15-
Filed NOV 11 1915, 191. REPORT TO ANSWER. Burial Permit Given. Registrar.

Dr Lockard

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1912, to Nov 8 1915, that I saw him alive on Nov 8 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis,
Chronic Cerebral Hypertension
Arterial Hypertension
(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. 3 ds.

(Signed) H. Carroll Lockard M. D.
Nov 9, 1915. (Address) 4 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Nov 12 1915

20-UNDERTAKER W. F. Sherwood Son ADDRESS Monkton

Spec.—8-24-14—M. & T.—2000 Bks.

C89537

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89537

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 519 N Gilmor ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Donald

(Residence in Baltimore: No. 519 N Gilmor St. ; 50 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Age 2 ....., 1838
(Month) (Day) (Year)

7-AGE, 77 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Millinery
(b) General nature of industry, business, or establishment in which employed (or employer) ..... business

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Wm Donald

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Margaret —

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma R. Donald

(Address) 519 N. Gilmor St.

15-

Filed NOV 11 1915 HARRY O. ARLEANS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... November ..... 10 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1915, to Nov. 10 1915, that I saw him alive on Nov. 10, 1915, and that death occurred, on the date stated above, at 3:25 a.m.

The CAUSE OF DEATH* was as follows:

Ruptured Aneurism of Abdominal Aorta

(Part or entirely)

(Duration) ? yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Hemorrhage, Prostration

Shock (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) M. Aurin P. Thamm M. D.

Nov. 10, 1915. (Address) 548 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Airy Md	Nov 13 1915

20-UNDERTAKER W. H. Fickus Mt Airy | ADDRESS Monthly Plans

W Edmunds

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. B O R R Co Yard Locust Point ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Sidney Sigwald

(Residence in Baltimore: No. 719 Mura St St. yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan 21, 1895
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
20 yrs. 9 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer): B.O.R.R Co

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, Clement Sigwald

11-BIRTHPLACE OF FATHER (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER Catherine Welby

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Sigwald

(Address) 719 Mura St

15- NOV 11 1915 [illegible] ANGELS,
Filed ....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fell off cars B.O R.R
B.O.R.R Co. Cars passed over Body
Body cut in Two

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Accident

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D.
(Coroner.)

Nov 11, 1915. (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Nov 12, 1915
20-UNDERTAKER	ADDRESS
F. C. Hudgins	914 Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89539 64 C89539

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1014 Wilcox St. ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Gaff (Gaff)

(Residence in Baltimore: No. 1014 Wilcox St. St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 25 (Day), 1882 (Year)

7-AGE, 33 yrs. 10 mos. 15 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michael Cox

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Maginer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Cox

(Address) 1014 Wilcox St

15- NOV 11 1915 HARRY O. ANDREAS, Filed ..... 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 9, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1915, to Nov 10 1915, that I saw h[illegible] alive on Nov 9 1915, and that death occurred, on the date stated above, at 0-45 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
and paralysis

(Duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

Nov 10 1915. (Address) W. C. Burns

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt. Cathedral Cem	Nov. 12, 1915.
20-UNDERTAKER	**ADDRESS**
Randall Hyppolite Son	37 Slum St

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

89540 — 94 C89540

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 824 E. Balto St ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Zilla Levinson

(Residence in Baltimore: No. 824 E Baltimore St ST.; 28 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Nov —, 1825 (Month) (Day) (Year)

7-AGE: 90 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Lewis

(Address) 1419 E Balto St

NOV 12 1915 Filed ....., 191.... ROBERT J. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 11th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1915, to, Nov 11th 1915, that I saw h[er] alive on Nov 11th, 1915, and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) General Debility

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Michael A. Abrams M. D.

Nov 11, 1915 (Address) 1624 Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Washington Rd — DATE OF BURIAL: 11/12, 1915

20-UNDERTAKER: Jack Lewis — ADDRESS: 1419 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C89541 C89541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 909 N Luzerne Ave St) 2 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Appel

(Residence in Baltimore: No. 1839 E Fairmount) 94 50 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, June (Month) 21st (Day), 1839 (Year)

7-AGE, 76 yrs. 4 mos. 18 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lamp Lighter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Appel

(Address) 909 N Luzerne Ave

15- Filed NOV 12 1915 ROBERT . KRAUTER, Registrar. Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 9th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows;

Organic Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah M Russell (Coroner.) M. D.

Nov 15, 1915. (Address) 136 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Nov 12, 1915
20-UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89542

41 C89542

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 N. Charles ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry J. Farber

(Residence in Baltimore: No. 1012 N Charles St.; 50 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 17, 1860 (Month) (Day) (Year)

7-AGE, 55 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Commission
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry J Farber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anne E. Stafford

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin J Farber

(Address) 925 N. Calvert St.

15- NOV 12, 1915 ROBERT . KRAUTER, Filed....., 191.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1910, to Nov 11 1915, that I saw h[illegible] alive on Nov 11 1915, and that death occurred, on the date stated above, at 3.20 p.m.

The CAUSE OF DEATH* was as follows:

(Carcinoma of Intestines
Operation 5 yrs ago

(Duration) 5 yrs., ...mos.....ds.

CONTRIBUTORY (Secondary) Cachexia

(Duration) ....yrs. 1 ....mos.....ds.

(Signed) Fred J Rankin M. D.

11/11/15 191... (Address) 2124 Maryland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, Nov 13, 1915

20-UNDERTAKER Stewart & Mowen Company — ADDRESS 108 W North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Annie Szczepaniak

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89543

CERTIFICATE OF DEATH.

91 C89543

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 S. Ann ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Szczepaniak.

(Residence in Baltimore: No. 411 S. Ann St.; 1 yrs., 3 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug (Month) 3 (Day), 1914 (Year)

7-AGE, 1 yrs. 3 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore. Md.

PARENTS.

10-NAME OF FATHER, Frank Szczepaniak.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Banach.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Szczepaniak.

(Address) 411 S. Ann St.

15- ROBERT KRAUTER, Registrar.

Filed NOV 12 1915 191.. Special Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 6th 1915, to November 11th 1915, that I saw h.. alive on November 11th 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration).....yrs.....mos...5...ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration).....yrs.....mos...1...ds.

(Signed) Henry H. Rulbert M. D.

November 11th 1915. (Address) 422 S. Ann

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Nov 13th, 1915.

20-UNDERTAKER W. F. Sadowski. ADDRESS 705 S. Ann St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 85541 (89511

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1342 Carroll ST.) 21 WARD)

REGISTERED No. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Chambers

(Residence in Baltimore: No. 1342 Carroll

Life

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, March (Month) 2nd (Day), 1871 (Year)

7-AGE, 44 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS:

10-NAME OF FATHER, Ben. Carson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Gorgian

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lebe Chambers

(Address) 1342 Carroll

15- Filed NOV 12 1916 HOWARD . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Saml Kinberg M. D. (Coroner.)

Nov 11th, 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 12 1916

20-UNDERTAKER John H Toadvine — ADDRESS 142 West St

Spec.—8-24-14—M. & T.—2000 Blks.

C89545

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89545

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 Calvin St.; W. 5 WARD)

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alveta Thomas

(Residence in Baltimore: No. 320 Calvin St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, (Month) (Day) 1886 (Year)

7-AGE, 29 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Thomas

(Address) 320 Calvin St.

15- ROBERT J. KRAUTER, Burial Permit Clerk.

Filed NOV 12 1915 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 9, (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1915, to Nov. 9, 1915, that I saw her alive on Nov. 8, 1915, and that death occurred, on the date stated above, at 5, 4 m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) General debility

(Duration) yrs. 1 mos. ds.

(Signed) J. C. Briscoe, M. D.

Nov. 12, 1915. (Address) 641 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In this State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemetery	Nov. 11 1915.
20-UNDERTAKER Robert A Elliott	ADDRESS 504 East 21st

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89546

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89516

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Simpson ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Cosby

(Residence in Baltimore: No. 2808 Simpson St.: 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. C.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1867 (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Randolph Cosby

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Emma Cosby

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Morton

(Address) 2808 Simpson Rd

15- Filed NOV 12 1915 ROBERT . KRAUTER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 10 1915, to Nov 9 1915, that I saw h alive on Nov 9 1915, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH was as follows:*

Brights Disease

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Signed R. Garland Churchill M. D.

Nov 10, 1915. (Address) 424 East 23 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Cumberland West Virginia

19-PLACE OF BURIAL OR REMOVAL, Cumberland Md Va — DATE OF BURIAL, Nov 13, 1915

20-UNDERTAKER Robert A Elliott — ADDRESS 506 Rogers Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Duncan Mc Kinin

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89547 C89547

CERTIFICATE OF DEATH.

REGISTERED NO. C 1279

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 E 27th St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Duncan Mc Kinin

(Residence in Baltimore: No. 411 E 27th St. St.; 28 yrs., 6 mos. 6 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, October (Month) 16 (Day), 1852 (Year)

7-AGE,	If LESS than 1 day,
63 yrs. 1 mos. 26 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Mason
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Donald Mc Kinin

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Effie McPherson

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Mc Kinin

(Address) 411 E 27 St

15- NOV 12 1915 [illegible] KRAUTER, Filed....., 191..... Vital Records Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1913, to Oct 16 1915, that I saw h— alive on Oct 16 1915, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart.

Mitral Regurgitation

(Duration) 8 yrs. 4 mos. ....da.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....da.

(Signed) H. J. Steiden Jr. M. D.

Nov 11, 1915. (Address) 632 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Western Cemetery	Nov. 12., 1915.
20-UNDERTAKER	ADDRESS
Robert J Turner	Broadway & Oliver

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89513

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89513

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1605 N. Mount street, ST.: 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Ireland,

(Residence in Baltimore: No. 1605 N. Mount street, St.: yrs., mos. ds.)

Life

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, January (Month) 23d (Day) ..., 1901. (Year)

7-AGE, 14 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland, (Balto)

PARENTS.

10-NAME OF FATHER, Eugene Ireland,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Pauline Rice,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Ireland, mother.

(Address) 1605 N. Mount street.

15- Filed NOV 12 1915. Howard A. Krauter, Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 9th (Day)., 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Rachitis,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kemper M. D.
(Coroner)

Nov. 10th 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Nov. 12, 1915
20-UNDERTAKER James H. Lewis	ADDRESS 303 Pleasant

C89549

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C89549

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 218 Glenmore Av ST. 3 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Bertha Hoffmann

(Residence in Baltimore: No. 218 Glenmore Av St.; 12 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Aug. (Month) 2 (Day), 1837 (Year)

7 AGE: 78 yrs. 3 mos. 9 ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: John (unknown)

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. H. Hoffmann

(Address) 3088 Pazson St

15 Filed NOV 12 1915 191 NORBERT J. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 11 (Month) 11 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-19-, 1915, to 11-11 1915, that I saw h[er] alive on 11-11, 191 5 and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:

Left Hemiplegia, + Chr. Nephritis

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Cerebral arterio

(Duration) yrs. mos. 1 ds.

(Signed) J. C. Katzoff M.D. M. D.

11-12, 1915. (Address) 1116 Argyle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Back Cemetery | DATE OF BURIAL: Nov 14 1915

20 UNDERTAKER: Lee Comlock & Co | ADDRESS: 6711 Broadway

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89550

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 5 Ward)

Registered No. C 89550

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Rubin

(Residence in Baltimore: No. 910 E Fayette st St.: 10 yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: unknown, 1 (Month) (Day) (Year)

7-AGE: 16 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Dave Rubin

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Rosie Sokolskie

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rose Rubin

(Address) 910 E Fayette st

15. Filed NOV 12 1915 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November (Month) 11 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 24, 1915, to. November 11 1915. that I saw h[illegible]alive on November 11, 1915. and that death occurred, on the date stated above, at 4 20 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 2 mos. 27 ds

Contributory (SECONDARY) Tuberculous Meningitis

(Duration) yrs. mos. 4 ds.

(Signed) M. Rosken M. D.

November 11, 1915 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. 2 mos. 7 ds. In the State 10 yrs. mos. ds.

Where was disease contracted, If not at place of death? 910 E Fayette St

Former or usual residence 910 E Fayette St

19-PLACE OF BURIAL OR REMOVAL: Bath Hebrew Cemetery

DATE OF BURIAL: Nov. 12 1915

20-UNDERTAKER: S. Levinson & Bro

ADDRESS: 1107 E Balto st

C89551

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1720

C89551

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 319 S. Fulton Ave ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Annie Elizabeth Day.

(Residence in Baltimore: No. 319 S. Fulton Ave. - St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: October 22, 1854 (Month) (Day) (Year)

7-AGE: 61 yrs. — mos. 18 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Jeremiah Forter

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Margaret Morgan

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Guest.

(Address) 319 S Fulton Ave.

15 Filed NOV 12 1915 191

ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 9, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1915, to, Nov. 9 - 1915, that I saw h[illegible] alive on Nov 8 - , 1915, and that death occurred, on the date stated above, at 3 30 p.m.
The CAUSE OF DEATH* was as follows:

Pulmonary & genual Oedema

(Duration) - yrs. 3 mos. - ds

Contributory (SECONDARY) Chronic Nephritis

(Duration) 1 yrs. - mos. - ds.

(Signed) M Bowman Reed M. D.

Nov. 10, 1915 (Address) 626 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Nov 12, 1915

20-UNDERTAKER: Geo. A. Gerber — ADDRESS: Baker & Payson

50.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89552

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89552

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 715 Gold St.; WARD 15)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Williams

(Residence in Baltimore: No. 715 Gold St.; yrs. life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: Colord

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Dec 4 (Month) (Day) 1871 (Year)

7-AGE: 44 years ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Public

9-BIRTHPLACE (State or country): md Balto.

PARENTS

10-NAME OF FATHER: John Williams

11-BIRTHPLACE OF FATHER (State or country): U.S.

12-MAIDEN NAME OF MOTHER: Rhid Lenox

13-BIRTHPLACE OF MOTHER (State or country): U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) annie m cooper

(Address) 715 gold st

15- Filed NOV 12 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 10 (Day), 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10/27, 191[illegible], to, 11/10 191[illegible]; that I saw h[illegible] alive on 11/9, 191[illegible]; and that death occurred, on the date stated above, at [illegible]

The CAUSE OF DEATH* was as follows:

Ac Nephritis

(Duration) ... yrs. ... mos. 13 ds

Contributory (SECONDARY) Anemia

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

11/10, 191[illegible] (Address) 2139 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Nov. 12, 191[illegible]

20-UNDERTAKER: John H. Teadvine

ADDRESS: 142 Mitchell St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89553 C89553

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 2625 Wilkens Ave St.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Viola M. Lloyd.

(Residence in Baltimore: No. 2625 Wilkens Ave St.: 14 yrs. 2 mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Sept 8th, 1901 (Month) (Day) (Year)

7 AGE: 14 yrs. 2 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: George C. Lloyd

11 BIRTHPLACE OF FATHER (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mamie A. Murphy

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George C. Lloyd

(Address) 2625 Wilkens ave

15 NOV 12 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 10 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1915, to, Nov. 10 1915, that I saw h[illegible] alive on Nov. 9, 1915, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute interstitial Nephritis

(Duration) ..... yrs. 6 mos. ds

Contributory (SECONDARY) Measles

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dudley Sloop M. D.

Nov 11, 1915 (Address) 2629 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Nov 13, 1915

20 UNDERTAKER: John J. Fields — ADDRESS: [illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

Charles A. Harvey.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89554

CERTIFICATE OF DEATH.

79 C89554

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1841 N Gombord ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A Harvey

(Residence in Baltimore: No. 1841 N Gombord St.; 70 yrs., 9 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	married

6-DATE OF BIRTH, Jan (Month) 12 (Day), 1845 (Year)

7-AGE, 70 yrs. 9 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk Balto & O R.R.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joshua Harvey

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma E Gibson

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary E Harvey

(Address) 1841 N Gombord

15- Filed NOV 12 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 10 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1915, to Nov 9 1915, that I saw him alive on Nov 9 1915, and that death occurred, on the date stated above, at 5:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

Nov 11, 1915 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Nov 14, 1915

20-UNDERTAKER Jos B Cook ADDRESS 1837 N Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89553 C89555

CERTIFICATE OF DEATH.

8 ×40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME F. N. Davidson

(Residence in Baltimore: No. University Hospital St.; ....yrs.,....mos. 19 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) ..... (Day), 1875 (Year)

7-AGE, 40 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer): Steamship.

9-BIRTHPLACE, (State or Country), Eng.

PARENTS.

10-NAME OF FATHER, F. Davidson

11-BIRTHPLACE OF FATHER (State or Country), Eng.

12-MAIDEN NAME OF MOTHER Sarah Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Eng

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp records

(Address) Lombard & Green Sts.

15- Filed NOV 12 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 22 1915, to Nov 10 1915, that I saw him alive on Nov 10 1915, and that death occurred, on the date stated above, at 7.0 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia Esophagus

(Duration) ....yrs. Unknown mos. ....ds.

(Signed) A. Hamilton Foulkrod M. D.

Nov 11, 1915 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 19 ds. In the State Unknown yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Eng. (S.S. Carlton (British))

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, Nov 12, 1915

20-UNDERTAKER Jos. D. Cook

ADDRESS 1003 W. Balto.

Spec.—8-24-14—M. & T.—2000 Bks.

C89556

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89556

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Forrest ST. 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L. Snyder

(Residence in Baltimore: No. 915 Forest St.; 45 yrs. 8 mos. 28 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH February 13, 1870
(Month) (Day) (Year)

7-AGE, 45 yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman for
(b) General nature of industry, business, or establishment in which employed (or employer): C & P Telephone Co.

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph L. Snyder

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER Sidonia Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss. Annie Snyder

(Address) 915 Forrest St

15- NOV 12 1915 ROBERT J. KRAUTER,
Filed....., 191.... Special Vital Records Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 11, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to Nov 1 1915, that I saw him alive on Nov 10 1915, and that death occurred, on the date stated above, at 11.25 a m.

The CAUSE OF DEATH* was as follows:

Epithelioma of Larynx

Tuberculosis of Lungs

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Empyaemia

(Duration) 1 yrs. mos. 10 ds.

(Signed) James M Denton M. D.

Nov 15 1915. (Address) 7 W Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Nov. 15, 1915
20-UNDERTAKER Henry Stork & Son	ADDRESS 1301 E Eager St

Spec.--8-24-14—M. & ___000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89557 — 80 — C89557

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1447 Montpelier ST.; 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Jones

(Residence in Baltimore: No. 1447 Montpelier St.; 68 yrs., 11 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec. (Month) 6 (Day), 1846 (Year)

7-AGE, 68 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Peter A. Hubbard

11-BIRTHPLACE OF FATHER (State or Country) Rochester N. Y.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin Smith.

(Address) 1447 Montpelier St.

15- NOV 12 1915 Filed....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 15, 1915, to Nov. 10, 1915, that I saw her alive on Nov. 9, 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(Duration) — yrs. — mos. 25 ds.

CONTRIBUTORY (Secondary) ~~~

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin B. Fenby, M. D.

Nov. 11, 1915. (Address) 1223 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Nov. 13, 1915.
20-UNDERTAKER Henry Kreck & Son	ADDRESS 1301 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89553 64 C89553

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Aisquith St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Herbert

(Residence in Baltimore: No. 1821 Aisquith St.; 60 yrs., 1 mos. 24 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept. (Month) 16 (Day), 1855 (Year)

7-AGE, 60 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John A. Herbert.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Koch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Schnufer

(Address) 1821 Aisquith St.

15- Filed NOV 12 1915, 191.. BURIAL PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9 1915, to Nov 10 1915, that I saw h.. alive on Nov 10 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jacob Fisher M. D.

Nov 10, 1915. (Address) 1926 E. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cemy	Nov. 13, 1915
20-UNDERTAKER	ADDRESS
Henry Hook Son	1301 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

138 C89559

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Josephs Hospital 10 St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Ida May Emrich

(Residence in Baltimore: No. 1207 Valley St. St.; 33 yrs., 11 mos. 17 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November 25, 1881
(Month) (Day) (Year)

7-AGE, 33 yrs. 11 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Hook

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Sarah Eline

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) M. Louis Emrich Jr.
(Address) 1207 Valley St

15- Filed NOV 12 1915, 191.. ROBERT . KRAUTER, Special Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11 1915, to Nov. 12 1915, that I saw her alive on Nov. 12 1915, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis - Pregnancy

(Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) A. McCulloch M. D.
Nov. 12, 191.. (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death ... yrs. ... mos. 12 ds. In the State 33 yrs. 11 mos. 17 ds.
Where was disease contracted, if not at place of death? 1207 Valley St
Former or usual residence 1207 Valley St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery
DATE OF BURIAL, November 15, 191..

20-UNDERTAKER Henry Hoen's Son
ADDRESS 1301 E Eager St

C89560

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C89560

1-PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 7 N Calhoun St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Charles A Dolton

(Residence in Baltimore: No. 7 N Calhoun St St.; — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH March 18 (Month) (Day), 1848 (Year)

7-AGE 67 yrs. 7 mos. 24 ds. — If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Md.

PARENTS

10-NAME OF FATHER Chas. A. Dolton

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Susanna White

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Alice V. Dolton

(Address) 7 N. Calhoun Stt.

NOV 13 1915 Filed, 191

[illegible] Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov 12 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1915, to Nov 11 1915, that I saw h~~im~~ alive on Nov 11, 1915, and that death occurred, on the date stated above, at 3.30 a m.

The CAUSE OF DEATH* was as follows:

Chr Nephritis

(Duration) Several yrs. mos. ds

Contributory (SECONDARY) Hemiplegia

(Duration) yrs. 12 mos. ds.

(Signed) Duncan MacCallum M. D.

Nov 12, 1915 (Address) 18xx Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Nov 14 1915

20-UNDERTAKER: E. M. Mote Lee & Co. — ADDRESS: 1201 W Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89561 C89561

92 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1428 Green Mount Ave. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Jones

(Residence in Baltimore: No. 1428 Green Mount Ave. St. Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~UNDER~~ MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~. (Write the word.) Married

6-DATE OF BIRTH, Sept 20, 1841 (Month) (Day) (Year)

7-AGE, 74 yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Supt. Green Mount
(b) General nature of industry, business, or establishment in which employed (or employer)..... Cemetery

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Samuel Jones

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co.

12-MAIDEN NAME OF MOTHER Elizabeth Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella V. Yaun

(Address) 1428 Green Mount Ave.

15- Filed NOV 13 1915 HARRY O ANDREWS, 191.. Asst. Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1915, to Nov 11 1915, that I saw h im alive on Nov 11 1915, and that death occurred, on the date stated above, at 10.30 p. m.

The CAUSE OF DEATH* was as follows:

1 Chronic Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease

(Duration) yrs. mos. 1 ds.

(Signed) J. Walter Thomas M. D.

Nov 14, 1915 (Address) 1428 Green Mount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, Nov. 14, 1915.

20-UNDERTAKER E. M. Mitchell Co. — ADDRESS North Fayette

Spec.—5-19-13—M. & T.—500 Bks.

C89562

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89562

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1155 Hamburg St.; 21 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth E. Sewell

(Residence in Baltimore: No. 1155 Hamburg St.; 72 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Nov. 2, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): New York State

PARENTS.

10-NAME OF FATHER: Matth. Snyder.

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Charlotte.

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Bovell

(Address) 1155 Hamburg St.

15- NOV 13 1915 Filed ....., 191... HARRY O ANDREWS, Special Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 12, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 191 5, to Nov 12 1915, that I saw h[e] alive on Nov 11 - 1915, and that death occurred, on the date stated above, at 12 30 Pm.

The CAUSE OF DEATH* was as follows:

Intl Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chr Int Nephritis

(Duration) 1 yrs. mos. ds.

(Signed) John Schwerdenberg M. D.

Nov 13 1915 (Address) 1102 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, Nov. 14, 1915

20-UNDERTAKER Mr & Mrs John H Deufel — ADDRESS 1 N Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89563 — 170 — C89563

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1433 Holbrook ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Scully

(Residence in Baltimore: No. 1433 Holbrook St.; 30 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

6-DATE OF BIRTH, Sept 1st (Month) (Day), 1876 (Year)

7-AGE: 39 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bond
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Scully

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Ellen Mullin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Scully

(Address) 1433 Holbrook St.

15- NOV 13 1915 Filed, 191. HARRY O ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 12" (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1915, to Nov 10 1915, that I saw her alive on Nov 10 1915, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Nephritis
Cholesterin entire duration
(Duration) 10 yrs. mos. ds.
CONTRIBUTORY (Secondary) Ascites
(Duration) yrs. mos. 10 ds.

(Signed) J M Chambers M. D.
Nov 12 1915. (Address) 216 N Holyday

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem — DATE OF BURIAL, Nov 15, 1915

20-UNDERTAKER Bas P Rogus & Son — ADDRESS 118 W Mt Royal ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89564 C89564

× 24

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert F. Brock

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 13 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, September 14th, 1880 (Month) (Day) (Year)

7-AGE, 35 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Richard Brock

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Mary Harrell

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Boyd

(Address) Johns Hopkins Hosp.

15- NOV 13 1915 HARRY O. ARDREY, Special Permit Clerk
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 11th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 29th 1915, to Nov. 11th 1915, that I saw h im alive on Nov. 11th 1915, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Hypostatic

Hypostasis Hypostasis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) C E Davis M. D.

Nov. 12th, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 13 ds. In the State ..... yrs. ..... mos. 13 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Chattanooga - Tenn.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Chattanooga Tenn	Nov. 12..., 191.5.
20-UNDERTAKER	ADDRESS
Albert C Fuller	221 N Bunday

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89565 C89565

CERTIFICATE OF DEATH.

REGISTERED NO. C 71

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 So. Chares ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy E. Beulin

(Residence in Baltimore: No. 828 So. Charles St.; 1 yrs., 1 mos. 10 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOW or WIDOWER, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October (Month) 1 (Day) 1914 (Year)

7-AGE, 1 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Frank Beulin

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Carrie Torney

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Beulin

(Address) 828 So. Chares St.

15- Filed NOV 13 1915, 191 HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9 1915, to Nov 11 1915, that I saw her alive on Nov 11 1915, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Convulsions due to
Dentition
Malnutrition

(Duration) ...yrs. ...mos. 16 ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

(Duration) ...yrs. ...mos. 1 ds.

(Signed) W H Baumbach M. D.

Nov 11, 1915 (Address) 835 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Nov 13..., 1915

20-UNDERTAKER William Cook ADDRESS 502 E. North ave

Spec.—8-24-14—M. & T.—2000 Blks.

C89566

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89566

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1959 Patterson Place ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Curtian

(Residence in Baltimore: No. 1959 Patterson Place St.; 43 yrs., 7 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, April (Month) 9 (Day), 1872 (Year)

7-AGE, 43 yrs. 7 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, — Curtian

11-BIRTHPLACE OF FATHER (State or Country), Prince Geo Co Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Prince Geo. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Barber

(Address) 1959 Patterson Place

15-Filed NOV 13 1915 HARRY C ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1915, to Nov. 11, 1915, that I saw h[er] alive on Nov. 9, 1915, and that death occurred, on the date stated above, at 2.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

(Duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 8 yrs. .... mos. 2 ds.

(Signed) B Whilton M. D.

Nov. 12, 1915. (Address) 1735 Hilton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Nov. 13, 1915

20-UNDERTAKER Thomas Cook — ADDRESS 501 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89567 C89567

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 572 Wilson ST. 14 WARD) REGISTERED No. C

2-FULL NAME Mary L Richardson

(Residence in Baltimore: No. 572 Wilson St St.; 40 yrs., mos. ds.)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female 4-COLOR OR RACE, Black colored 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July 17th 1851
(Month) (Day) (Year)

7-AGE, 64 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Richd Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary L Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace McGrath

(Address) 572 Wilson

15- HARRY O ANDREWS,
Filed NOV 13 1915 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9 1915, to Nov 13 1915, that I saw h er alive on Nov 13 1915, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation 3

6m (Duration) yrs. mos. ds.

CONTRIBUTORY. (Secondary) Myocarditis

(Duration) 10 yrs. mos. ds.

(Signed) W. Grant Adams M. D.

Nov 13, 191 5 (Address) 541 S. Monroe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, Nov 14 1915

20-UNDERTAKER Clarence E Wright | ADDRESS 1364 Mc Cary

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Light St.; 23 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elise Weller. (Elise Weller)

(Residence in Baltimore: No. 1406 Light St. (If St.: 50 yrs. mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June 5th, 1842 (Month) (Day) (Year)

7-AGE, 73 yrs. 10 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Walschmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Minnie Weller

(Address) 1406 Light St.

15- NOV 13 1915

Filed ....., 191.... MARY O ANDREWS, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 11th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 18th 1915, to Nov 11th 1915, that I saw her alive on Nov 11th 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Senility. Ast Contra Indicat

several.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Pleasant St Asst

(Duration) ....yrs. 1 mos. ....ds.

(Signed) ..... M. D.

Nov 11th, 1915. (Address) 1624 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Nov 13, 191 5

20-UNDERTAKER J. Fav McCully ADDRESS 39 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89569

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89569

1 PLACE OF DEATH — Registered No. C 79

CITY OF BALTIMORE: (No. Little Sister of the Poor St.: 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Clara Brannan

(Residence in Baltimore: No. Little Sisters of the Poor St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec. (Month) 14 (Day) 1850 (Year)

7-AGE: 64 yrs. 10 mos. 26 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): Home Wife

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Henry Buckless

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Barbara Ann Evans

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Ida Ritter

(Address) 402 N. Broadway St.

15 NOV 13 1915 Filed ..., 191...

HARRY O ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 10 (Month) (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 191..., to ..., 191...,

that I saw h.. Er alive on Nov 3 1915,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

Unknown (Duration) yrs mos ds.

Contributory (SECONDARY) (Duration) yrs mos ds.

(Signed) H A Bonner M. D.

Nov 11 1915 [Address] 1133 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. 4 mos. — ds. In the State 64 yrs 10 mos 26 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL: Baltimore Co.

DATE OF BURIAL: Nov. 13 1915

20-UNDERTAKER: N. C. Maddox

ADDRESS: 914 Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89570 66 C89570

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 McCulloh ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgiana Hicks

(Residence in Baltimore: No. 1707 McCulloh St.: 10 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Unknown, 1857 (Month) (Day) (Year)

7-AGE, 58 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Not given

11-BIRTHPLACE OF FATHER (State or Country), Not Given

12-MAIDEN NAME OF MOTHER Not given

13-BIRTHPLACE OF MOTHER (State or Country), Not Given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Georgiana Hicks

(Address) 1707 McCulloh St

15- NOV 13 1915 Filed ..... 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1915 to Nov 10. 1915. that I saw her alive on Nov 10 1915. and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:
Recurrent Paraplegia, with Concomitant Epibaroscopic respiration function
Pulmonary Hemorrhage (Duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hemiplegia
(Duration) 6 yrs. mos. ds.

(Signed) Edward Short M. D.
Nov 11, 1915 (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Nov. 14, 1915

20-UNDERTAKER Harry A Vodery ADDRESS 1725 Orleans St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89571 C89571

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Rice ST.; 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Hayden

(Residence in Baltimore: No. 1017 Rice St St.; 50 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... November, 1 .....
(Month) (Day) (Year)

7-AGE, 52 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country) Northumberland Co. Va

PARENTS.

10-NAME OF FATHER, Walter Hayden

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Rachel —

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hayden

(Address) 1017 Rice St

15-

Filed NOV 13 1915 191.... MORRIS A. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 11 ..... 11 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8th 1915, to Nov 11th 1915, that I saw her alive on Nov 11th 1915, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Dropsy

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

..... (Duration) ..... yrs. unknown mos. ..... ds.

(Signed) C. H. Barker M. D.

11/11/15, 191... (Address) 1403 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, Nov 13, 1915

20-UNDERTAKER John Howard ADDRESS 1222 Druid

Arthur Temple

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

(89572) 64 (89572)

1-PLACE OF DEATH — REGISTERED NO. C.

CITY OF BALTIMORE: (No. 312 N Fulton St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Temple

(Residence in Baltimore: No. 312 N. Fulton St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Unknown (Month) (Day) 1 (Year)

7-AGE: 46 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Essex Co Va

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harriet Johnson

(Address) 302 N. Fulton

15- Filed NOV 13 1915 19[illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 12, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 11, 191[illegible], to, Nov 12 191[illegible], that I saw h[illegible] alive on Nov 11 191[illegible], and that death occurred, on the date stated above, at 2 PM.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY): General Atheroma

(Duration) yrs. mos. ds.

(Signed) H. L. Norwood M. D.

Nov 12, 191[illegible] [Address] 830 Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Nov 13. 1915

20-UNDERTAKER: John Stevens — ADDRESS: 1222 Druid

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89573

CERTIFICATE OF DEATH.

C89573

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot Infirmary ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Eva Lee Henry (Henry)

(Residence in Baltimore: No. Union Prot Infirmary St.; yrs., mos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 24 (Day), 1898 (Year)

7-AGE, 17 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Elkins W Va

PARENTS.

10-NAME OF FATHER, Geo. Henry

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Emma Harmon

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roger Henry

(Address) Elkins W. Va

15- Filed NOV 13 1915 ROBERT J. KRAUTER, Registrar. By Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1915, to Nov 12 1915, that I saw her alive on Nov 12 1915, and that death occurred, on the date stated above, at 9:20 Pm.

The CAUSE OF DEATH* was as follows:

Erysipelas Coccus Infection

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(Duration) yrs. mos. ds.

(Signed) Burns S. Chaffee M. D.

Nov 12, 1915. (Address) W. C. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs mos. 7 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Elkins W Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Elkins W Va	Nov 13 1915

20-UNDERTAKER J. A. Cook ADDRESS 1003 W Balto

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 089574

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 752 W. Fayette ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. McMahon

(Residence in Baltimore: No. 752 W. Fayette St.: 42 yrs., 3 mos. 4 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, Aug (Month) 5. (Day), 1873 (Year)

7-AGE, 42 yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Private Office
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER, James McMahon

11-BIRTHPLACE OF FATHER (State or Country), ~~Ire~~ Md

12-MAIDEN NAME OF MOTHER Mary Ellis

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wilson

(Address) 752 W. Fayette St

15- Filed NOV 13 1915, 191.. ROBERT C. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12th 1915, to Nov 12th 1915, that I saw h m alive on Nov 12th 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Chronic Hepatitis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T. J. O'Donnell M. D.

Nov 12th, 1915 (Address) 107 E. West

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Nov. 15, 191..

20-UNDERTAKER P. P. McGuire & Son

ADDRESS 1412 Light St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89575 64 C89575

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 227 N. Chapel St.: 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Chesser

(Residence in Baltimore: No. 227 N. Chapel St.: 47 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female.

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1868 (Year)

7-AGE: 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: John C. Hall

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Eliza. Jefferson

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Chester

(Address) 224 N. Chapel St.

NOV 13 1915 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1915. to. Nov. 12, 1915. that I saw h[illegible] alive on Nov. 12, 1915. and that death occurred, on the date stated above, at 3.30 p.m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY): Paralysis

(Duration) yrs. 0 mos. ds.

(Signed) G. G. Brush M. D.

Nov. 12, 1915 (Address) 200 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence:

19-PLACE OF BURIAL OR REMOVAL: Arbury Cemetery — DATE OF BURIAL: Nov. 14, 1915

20-UNDERTAKER: Robt. A. Elliott — ADDRESS: 506 Rogers Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89576 64 C89576

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Mura ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Hamman Jr

(Residence in Baltimore: No. 2220 Mura St. 57 yrs., 3 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 6 (Day), 1833 (Year)

7-AGE, 82 yrs. 8 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Jacob Hamman

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Margaret Mayers

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Hamman Jr.

(Address) 2220 Mura St.

15- Filed NOV 13 1915, 191... ROBERT J. KRAUTER VITAL STATISTICS CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 11 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 21 1915, to Nov 11 1915, that I saw him alive on Nov 11 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) yrs. mos. ds.

(Signed) D. F. Herzog M. D.

Nov. 12, 1915. (Address) 1305 N. Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Nov. 14, 1915.

20-UNDERTAKER Robert J. Turner

ADDRESS Broadway & Oliver St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89577 / C89577

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 800 N. Washington ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth E McDevitt

(Residence in Baltimore: No. 800 N. Washington St yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Dec 25, 1836 (Month) (Day) (Year)

7-AGE: 78 yrs. 10 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or country): Not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs John McDevitt

(Address) 800 N. Washington St

15-Filed NOV 13 1915, 191 — MORRIS A. KRAUSE, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 11, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from August, 1915, to Nov 11 1915, that I saw h[er] alive on Nov 10, 1915, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Heart failure

(Duration) yrs. mos. 1 ds.

Contributory (SECONDARY) Hypertrophied heart

(Duration) yrs. 2 mos. 2 ds.

(Signed) J. E. Hearn M. D.

Nov 12, 1915 (Address) 1301 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Nov 14, 1915

20-UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89578 — 28 — C89578

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 514 N. Collington ave. — 7 — WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Annie E. Ehrenworth

(Residence in Baltimore: No. 514 N. Collington ave. — Life yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov (Month) 11 (Day), 1888 (Year)

7 AGE: 27 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Andrew J. Ehrenworth

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary Glass

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Wm. Hunter

(Address) 514 N. Collington ave.

15 Filed NOV 13 1915, 19 — ROBERT J. KRAUTER, Burial Permit Clerk — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 17 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1915, to Nov 17, 1915, that I saw h-r alive on Nov 17, 1915, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) yrs. 3 mos. 25 ds.

(Signed) Louis Vogel M. D.

Nov 17, 1915 (Address) 2601 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death: yrs. mos. ds. — In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: Nov 15, 1915

20 UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 (89579) 40 (89579)

1-PLACE OF DEATH 2771 Tivoly ave

CITY OF BALTIMORE: (No. 2771 Tivoly ave St.; 9 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Barbara Lower

(Residence in Baltimore: No. 2771 Tivoly ave St.; 78 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, December 7, 1836. (Month) (Day) (Year)

7-AGE, 78 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm Vance.

(Address) 2771 Tivoly Ave.

15- NOV 13 1915 Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 12, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1915, to Novemb. 12 1915, that I saw her alive on Novemb. 12 1915, and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Exhaustion Diagnosis (Duration) yrs. 4 mos. 13 ds.

CONTRIBUTORY (Secondary) Bronchitis (Duration) yrs. mos. 1 ds.

(Signed) C. L. C. Madison M. D.

Nov. 12, 1915. (Address) 1540 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Nov. 15, 191.5

20-UNDERTAKER Henry Lutz ADDRESS 107 N. Bond.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C89580

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1146 Hanlicoke St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Fitzgerandame

(Residence in Baltimore: No. 1146 Hanlicoke St.; ....yrs., mos. 30 minute ds)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 12, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 30 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Thos. Fitzgerandame

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rose Friede

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Fitzgerandame

(Address) 1146 Hanlicoke

15- NOV 13 1915 BUREAU OF VITAL STATISTICS

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 13th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 13. 1915, to Nov. 13 1915; that I saw h.... alive on Nov 13. 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Intestinal Atrophy

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. A. Sullenger M. D.

Nov 13, 1915 (Address) 1826 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Nov. 13, 1915
20-UNDERTAKER Jas. Dignan & Son	ADDRESS 1000 N. Paca St

Francis M. Cromwell.

C89581

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C89581

1-PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 3521 Greenmount St. 9 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Morrison Cromwell

(Residence in Baltimore: No. 3521 Greenmount Ave. St.: 15 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec. (Month) 30 (Day), 1842 (Year)

7-AGE: 72 yrs. 10 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Pittsburgh Pa

PARENTS

10-NAME OF FATHER: Jacob Cromwell

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Rachel Morrison

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs F. Cromwell

(Address) 3521 Greenmount Ave

15- Filed NOV 13 1915 191 NORRIS A. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 11 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1915, to Nov. 11 1915.

that I saw h~~e~~ alive on Nov. 11, 1915.

and that death occurred, on the date stated above, at 7:30 P.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Chronic Interstitial Nephritis (Duration) yrs. mos. ds.

(Signed), Harry Hyde M.D.

Nov 12, 1915 (Address) 10 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,

If not at place of death?

Former or usual residence

PLACE OF BURIAL, OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov. 14, 1915

20-UNDERTAKER: George J. Smith — ADDRESS: 1028 Pulaski St.

Spec.—5-19-13—M. & T.—500 Bks.

C89582

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89582

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S Smallwood ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Heft.

(Residence in Baltimore: No. 318 S. Smallwood St.)

St.; 40 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, Oct. (Month) 28. (Day) 1833 (Year)

7-AGE, 82 yrs. mos. 15 da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Schalizki

(Address) 313 S. Smallwood St.

15- NOV 13 1915 Filed, 191 ... Registrar. ROBERT J. KRAUTER, Assistant Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 13 1915, to Nov. 12 1915, that I saw h[im] alive on Nov 11. 1915, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Tabetic Ataxia Heart

(Duration) 1 yrs. mos. da.

CONTRIBUTORY, (Secondary) Paralysis & Exhaustion

(Duration) yrs. 6 mos. 2 da.

(Signed) Wilson M. D.

Nov 12, 1915. (Address) 1733 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Nov. 15 1915

20-UNDERTAKER N. S. Fink. ADDRESS 1924 W Pratt St

C89583 HEALTH DEPARTMENT—CITY OF BALTIMORE 15/v C89583

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 732 Bradley street, ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out also No. 18.)

2-FULL NAME Bertie Dixon,

(Residence in Baltimore: No. 732 Bradley street,

St.; yrs., 1 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, November (Month) 10th, (Day) 1915. (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 8 hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None,
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Joseph Dixon,

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Sadie Brown,

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Dixon, mother,

(Address) 732 Bradley street,

15- FILED NOV 13 1915 1915 ROBERT J. KRAUTER Special Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 11th, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility due to Premature birth,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Rempel, (Coroner.) M. D.

Nov. 12th 1915. (Address) 3310 W. North Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Nov. 14, 1915.
20-UNDERTAKER Walter Dixon	ADDRESS 318 Druid Hill Ave

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89584 — 104 — C89584

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3107 Ash St. ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph Mallonee

(Residence in Baltimore: No. 3107 Ash St. St.; yrs. 10 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Mal	White	Single

6 DATE OF BIRTH: Jan. (Month) 11 (Day), 1915 (Year)

7 AGE: yrs. 10 mos. 0 ds. | If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md. Balto.

PARENTS

10 NAME OF FATHER: Wilbur Shaffer.

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ida Mallonee.

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Bennett.

(Address) 3107 Ash St.

15 Filed NOV 13 1915, 191 — HOPE H. KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 11 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1915, to Nov 11 1915, that I saw h[illegible] alive on Nov. 9, 1915, and that death occurred, on the date stated above. at 10.50 m.
The CAUSE OF DEATH* was as follows:

Marasmus.
Gastro Enteritis
(Duration) yrs. 1 mos. ds

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) F. C. Harley M. D.
Nov 11, 1915 (Address) 3512 Chestnut Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Nov 13, 1915

20 UNDERTAKER: Chenoweth & Son — ADDRESS: Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89585 C89585

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. 3019 Garrison Av ST.; 15 WARD) REGISTERED NO. C 42

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia Wilmer Berry

(Residence in Baltimore: No. 3019 Garrison Av St.; 75 yrs., ? mos., ? da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, September 17, 1834 (Month) (Day) (Year)

7-AGE, 81 yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, L. C. Hopper Emory

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Frances G. Wilmer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Berry Jr.

(Address) 3019 Garrison Av

15- NOV 13 1915 ROBERT . BRADTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 12, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1915, to Nov 12 1915, that I saw h[illegible] alive on Nov 12 1915, and that death occurred, on the date stated above, at 5.30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus and bladder - Vaginitis Consultation but not operable

(Duration) 1/2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) H. P. Pole M. D.

Nov 13 1915. (Address) 2038 Madison Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL, Green Mount Cem. DATE OF BURIAL, Nov. 1..., 191.5

20-UNDERTAKER Stewart & Mowen Co ADDRESS 105 W Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89586 64 C89586

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 Callow ave ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lou O Reville

(Residence in Baltimore: No. 2315 Callow ave St.; 30 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 1, 1862
(Month) (Day) (Year)

7-AGE, 52 yrs. 4 mos. 11 da.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant Miner

9-BIRTHPLACE, (State or Country), Philadelphia Pa

PARENTS.

10-NAME OF FATHER, J R Reville

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Nat Kumm

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie R Reville

(Address) 2315 Callow ave

15- Filed NOV 13 1915 ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 12, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 1915, to Nov 11 1915, that I saw h~~im~~ alive on Nov 11 1915, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:
Cerebal Hemmorh or cute Paralysis
of the left side

(Duration) ... yrs. ... mos. 2 da.

CONTRIBUTORY (Secondary) Paresis

(Duration) 2 yrs. ... mos. ... da.

(Signed) Edward McDonnell M. D.

Nov 13, 1915. (Address) 205 Cumberland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov 14, 1915

20-UNDERTAKER Edith D Turner — ADDRESS W 424 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89587 37 C89587

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 944 Rear alley St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Anderson

(Residence in Baltimore: No. 944 Rear alley St.; ..... yrs., ... mos. ..... ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	Col	Single

6-DATE OF BIRTH, October 22, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 1 mos. 13 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md 944 Rear alley

PARENTS.

10-NAME OF FATHER, William Anderson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Helen Williams

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Williams

(Address) 944 Rear alley

15- NOV 13 1915 Filed....., 191.... ROBERT KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11/12/, 19N..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 191 5, to Nov. 12th, 191 5, that I saw h[illegible] alive on Nov. 12th, 191 5, and that death occurred, on the date atated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

(Duration) ..... yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) Erysipelas Leg

(Duration) 1 yrs. 1 mos. 13 ds.

(Signed) A. Lee Ellis M. D.

11/13, 191 5 (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Cem	Nov 14 ... 191 5.
20-UNDERTAKER Daniel Carson	ADDRESS 916 Penna Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Jane M. Legen.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C89588

C89588

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 137 McPhail St. St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Jane M Legen

(Residence in Baltimore: No. 137 McPhail St. 65 yrs. 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~DIVORCED~~ (Write the word): Widow

6 DATE OF BIRTH: May 7, 1850 (Month) (Day) (Year)

7 AGE: 65 yrs. 6 mos. 6 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Balto.

PARENTS

10 NAME OF FATHER: William J Wilkinson

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Ellen Tilton

13 BIRTHPLACE OF MOTHER (State or country): Frederick Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph H. Legen

(Address) 137 McPhail St

15 NOV 13 1915 ... KRAUTER

Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 11 (Month) 13 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-7-, 1915, to 11-13-1915, that I saw h[illegible] alive on 11-12-, 1915, and that death occurred, on the date stated above, at 12^m 9 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 9 ds

Contributory (SECONDARY) Exhaustion (Duration) ... yrs. ... mos. 1 ds.

(Signed) Harry A Baldwin M. D.

11-13, 1915 (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Fridens Creek Cemetery

DATE OF BURIAL: Nov 16, 1915

20 UNDERTAKER: Jos B Cook

ADDRESS: 1003 West Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89589

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 4 Ward) Registered No. C 89589

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Garfield Key.

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	Colored	Single

6-DATE OF BIRTH, ? (Month) (Day) 1 (Year)

7-AGE, 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or Country). ? Unknown

PARENTS.

10-NAME OF FATHER ? Unknown

11-BIRTHPLACE OF FATHER (State or Country). ? Unknown

12-MAIDEN NAME OF MOTHER ? Unknown

13-BIRTHPLACE OF MOTHER (State or Country). ? Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. F. Pertz

(Address) 120 Robbins Place

15- Filed NOV 13 1915 No. [illegible] KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident - Burns of body & extremities

Pneumonia, gaseous, acute (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute interstitial nephritis

(Duration) yrs. mos. ds.

(Signed) Wm. H. Hamilton M. D. (Coroner)

Nov. 13 1915 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Woodbine Md.

Former or usual residence Woodbine Md.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodbine Md.	Nov. 15, 1915
20-UNDERTAKER	**ADDRESS**
James M. Pickett & Son	Woodbine Md.

N.B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89590 C89590

CERTIFICATE OF DEATH. 1 28

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C

CITY OF BALTIMORE: (NO. 1514 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lauren F. Smith

(Residence in Baltimore: No. Union Protestant Infirmary St.: yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January (Month) 21 (Day), 1871 (Year)

7-AGE, 44 yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George W. Smith

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Laura McLanahan

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Smith

(Address) Hagerstown Md

15- NOV 13 19 Filed ..... 191 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12 1915, to Nov 13 1915, that I saw h[illegible] alive on Nov 13 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction
(Operation Nov 12)

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(Duration) 12 yrs. mos. ds.

(Signed) R. F. Kieffer M. D.

Nov 13, 1915. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Baltimore, Md.

Former or usual residence Hagerstown, Md.

19-PLACE OF BURIAL OR REMOVAL, Hagerstown Md DATE OF BURIAL, 11-14-, 1915

20-UNDERTAKER H W Fackler Sons Co ADDRESS Wallace Orchard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rebecca Pinner

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C 120

CITY OF BALTIMORE: (No. 204 N Central av St.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Pinner

(Residence in Baltimore: No. 204 N Central av St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: January (Month) (Day), 1832 (Year)

7-AGE: 83 yrs. 10 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Prussia

PARENTS

10-NAME OF FATHER: Moses Berstein

11-BIRTHPLACE OF FATHER (State or country): Prussia

12-MAIDEN NAME OF MOTHER: Eckman

13-BIRTHPLACE OF MOTHER (State or country): Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) May Pinner

(Address) 204 N. Central ave

15- Filed NOV 14 1915 ROBERT J. KRAUTER, Vital Record Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 11 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1915, to, Nov 11 1915, that I saw h[illegible] alive on Nov 11 1915, and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) John H Jonckman M. D.

Nov 13 1915 [Address] 1114 N Caroline St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Hebrew Cem — DATE OF BURIAL: Nov 14th 1915

20-UNDERTAKER: M J Foreman & Co — ADDRESS: 1611 Madison

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 10—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 S. Charles ST.; 22 WARD)

REGISTERED No. C 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Abramson

(Residence in Baltimore: No. 716 S. Charles St.; 20 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1868 (Year)

7-AGE,	If LESS than 1 day,
47 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipping
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Abraham Abramson

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Stone (Lamonn?)

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Esther Abramson

(Address) 716 S. Charles St.

15- NOV 14 1915 ROBERT J. KRAUTER, Special Permit Clerk.

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month), 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1915, to Nov. 12, 1915, that I saw h im alive on Nov. 12, 1915, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) 1 yrs. ... mos. ... ds.

(Signed) E. Strauss M. D.

Nov. 12, 1915 (Address) 1412 W. Lem...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Herrm An	11/14 1915
20-UNDERTAKER Jack Levy	ADDRESS 1419 E Balt

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89593 1

PLACE OF DEATH

CITY OF BALTIMORE (No. 223 Albemarle St. 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joachim Galvano

(Residence in Baltimore: No. 223 Albemarle St.: (yrs., 12 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, October 15, 1878
(Month) (Day) (Year)

7-AGE, 37 yrs. 1 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Carmino Galvano

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Maria Difaola

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joachim Galvano

(Address) 223 Albemarle St.

15- Filed NOV 14 1915, 191... ROBERT L. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. W. Jones M. D.
(Coroner.)

Nov. 13, 1915. (Address) 711 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent	Nov. 14, 1915
20-UNDERTAKER	ADDRESS
Wendell Dispel & Son	330 S. Bond St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Isaac Kremer.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89591 — 28 — C89591

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2621 Violet Avenue St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Kremer

(Residence in Baltimore: No. 2621 Violet Avenue St.; 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) ..... 1 (Day) ..... (Year)

7-AGE: 67 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Russia.

PARENTS

10-NAME OF FATHER: David Kremer

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Hannah Topitzky

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hyman Kremer

(Address) 2624 Violet Ave

15- NOV 14 1915 Filed ..... 191 ..... MORRIS A. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 14 (Month) (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 8, 1915, to, November 13 1915, that I saw h... alive on November 13 1915, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis

Unknown probably (Duration) 20 yrs. — mos. ds.

Contributory (SECONDARY) General Debility —

(Duration) 1 yrs. — mos. ds.

(Signed), Albert White Levin M.D.

11/14/15 191 [Address] 1243 Madison Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Moses Cem. — DATE OF BURIAL: Nov. 14. 1915

20-UNDERTAKER: Levinson Bro. — ADDRESS 1107 E Baltimore St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

James A. Flannery.

C89595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C89595

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Stockton ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME James A. Flannery

(Residence in Baltimore: No. 1329 Stockton St. St.; 68 yrs., 1 mos. + ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. October 17 (Month) (Day) 1847 (Year)

7-AGE. 68 yrs. + mos. + ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer). Grocery Business

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER. Lutum

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Lutum

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Leo F. Flannery

(Address) 1329 Stockton St

15- NOV 14 1915 Filed....., 191.... Registrar.

NOVES • KRAUTER, Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 12 (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1915, to Nov 12 1915, that I saw him alive on Nov 12 1915, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Acute 6 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure (Duration) yrs. 1 mos. 1 ds.

(Signed) W. E. Stout M. D.

Nov 13, 1915 (Address) 1929 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Nov 15, 1915

20-UNDERTAKER M. Fahey & Son — ADDRESS 606 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Margaret Ellers.

C89596 C89596

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1617 E. Oliver St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ellers.

(Residence in Baltimore: No. 1617 E. Oliver St St. 35 yrs. ..... mos. ..... ds.)

8

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: May (Month) 15 (Day) 1847 (Year)

7-AGE: 68 yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): West Virginia

PARENTS

10-NAME OF FATHER: James Wilson

11-BIRTHPLACE OF FATHER (State or country): West Virginia

12-MAIDEN NAME OF MOTHER: Margaret Triggs

13-BIRTHPLACE OF MOTHER (State or country): West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Conrad Ellers

(Address) 1617 E. Oliver St

15- NOV 14 1915 ROBERT J. KRAUTER, Filed ..... 191 ..... Vital Statistics Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 -, 1915, to, Nov. 13 1915, that I saw h.. alive on Nov. 13 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 3 yrs ..... mos ..... ds.

Contributory (SECONDARY) Hemorrhage from lungs

(Duration) ..... yrs ..... mos 1 ds.

(Signed), Edgar P. Sandrock M. D.

Nov. 14 ,1915 [Address] 1601 N. Eutaw

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Nov 16, 1915
20-UNDERTAKER: Rott J Turner	ADDRESS: 1491 N Broadway

I. B. Every CAUSE OF DEATH must be certified, and every certificate signed. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89597 — 79 — C89597

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Belmont ave St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Merritt

(Residence in Baltimore: No. 3005 Belmont ave St.; 47 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. February 6th (Month) (Day), 1851 (Year)

7-AGE 64 yrs. 9 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dress Maker
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Brooklyn Md Co

PARENTS.

10-NAME OF FATHER, Thomas H Merritt

11-BIRTHPLACE OF FATHER (State or Country), Brooklyn Md Co

12-MAIDEN NAME OF MOTHER Eliza Hawkins

13-BIRTHPLACE OF MOTHER (State or Country), Brooklyn Md Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ella M Merritt

(Address) 3005 Belmont ave

15- Filed NOV 14 1915, 191.. BURIAL PERMIT ISSUED. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 4 191 5, to Nov. 12 191 5, that I saw h er alive on Nov. 9 191 5, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope
(Duration) Suddenly

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Mutual Benefit Association. Sworn

(Duration) ....yrs. ....mos. ....ds.

(Signed) G. Lotta Leavell M. D.

Nov. 13..., 191 5. (Address) 905 N. Fulton Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, Nov. 15., 1915.

20-UNDERTAKER George Schillinger Sons — ADDRESS 1126 E. Monument St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89598 C89598

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 N. Collington Ave. St.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wolf

(Residence in Baltimore—No. 934 N. Collington Ave St.; 35 yrs., 8 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, February 22nd, 1880
(Month) (Day) (Year)

7-AGE, 35 yrs. 8 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Bottler at
(b) General nature of industry, business, or establishment in which employed (or employer)..... Brewery

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Andrew Wolf

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Susanna Kentzler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frances Wolf

(Address) 934 N. Collington Ave

15- NOV 14 1915 NOTED
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1915 to Nov 13 1915, that I saw h alive on Nov 12 1915, and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

5
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. C. Talbot M. D.

Nov 13, 1915 (Address) 1414 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Nov 16, 1915

20-UNDERTAKER Henry Hock Son — ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-14-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89599 C89599

CERTIFICATE OF DEATH.

109

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 N. Bethel ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie M. Boebel

(Residence in Baltimore: No. 1801 N. Bethel St.; 40 yrs., 3 mos. 4 ds.)

CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, August (Month) 9 (Day), 1875 (Year)

7-AGE, 40 yrs. 3 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Sellman

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Catherine Kearney

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna M. Boebel

(Address) 1801 N. Bethel St.

15- NOV 14 1915 Filed....., 191.....

BOYER . KRAUTER
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12 1915, to Nov 13 1915, that I saw her alive on Nov 13 1915, and that death occurred, on the date stated above, at 9 45 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Fatty Heart

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Edmund D. Hull M. D.

Oct 14, 1915. (Address) 1617 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cemetery

DATE OF BURIAL, November 16, 1915

20-UNDERTAKER Henry Haeck & Son

ADDRESS 1301 E Eager

C89600

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Registered No. C 89600

CITY OF BALTIMORE: (No. 1226 E. Fayette St.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Rotstein

3-(Residence in Baltimore: No. 1226 E Fayette St.; 18 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	white Hebrew	married

6-DATE OF BIRTH: December (Month) 14 (Day) 1872 (Year)

7-AGE: 42 yrs. 11 mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Joseph Gross

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Mamie Gross

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pincus Sacks

(Address) 1404 E. Fayette st

15-NOV 14 1915 HOWARD A. KRAUSER, Filed 191 Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 11, 1915, to, November 14 1915, that I saw her alive on November 14 1915, and that death occurred, on the date stated above, at 2.40 A m.

The CAUSE OF DEATH* was as follows:
Valvular heart disease

(Duration) yrs mos. 3 ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) Samuel Silverstein M. D.

Nov. 14 1915 [Address] 1121 E. Baltimore St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Herring Run — DATE OF BURIAL: Nov 14, 1915

20-UNDERTAKER: L. Levinson & Bro — ADDRESS 1132 E Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks. Ida N. Rathbone

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 W. 29th St.; 17 Ward) REGISTERED No. C

2-FULL NAME Ida N Rathbone

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 305 W. 29th St.; 27 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dec. (Month) 25 (Day), 1856 (Year)

7-AGE,	If LESS than 1 day,
58 yrs. 10 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Annapolis Md

PARENTS.

10-NAME OF FATHER Washington Bazell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catharine Hunter

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Catharine Rathbone

(Address) 305 W. - 29th

15- NOV 14 1915 ROBERT J. KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10, 1915, to Nov 13, 1915, that I saw her alive on Nov 13, 1915, and that death occurred, on the date stated above, at 11:50 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Nov 13, 1915. (Address) 12 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Nov. 16, 1915
20-UNDERTAKER	ADDRESS
William Cook	502 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Dr Grosham's 3rd Hospital

C89602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 North Eden St.; 9 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Guy Talbott

(Residence in Baltimore: No. 1303 North Eden St.; 54 yrs. 7 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 10, 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. 7 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Confectionary Store

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles A Talbott

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Emily Hudinton

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Kate Talbot

(Address) 1303 N. Eden

15- NOV 14 1915 ROBERT J. KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 24 1915, to Nov 12 1915, that I saw h[illegible] alive on Nov 12 1915, and that death occurred, on the date stated above, at 12:55 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

from Cirrhosis

(Duration) 0 yrs. 4 mos. 0 ds.

CONTRIBUTORY (Secondary)

.....; (Duration) ....yrs. ....mos. ....ds.

(Signed) J H Grosham M. D.

Nov 13, 1915 (Address) 3100 Harford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Nov 14, 1915
20-UNDERTAKER Benesch Cook	ADDRESS 502 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89603 — 79 C89603

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 2004 Plymouth Ave St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret D. Roth

(Residence in Baltimore: No. 2004 Plymouth Ave St.; 16 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, March (Month) 17 (Day), 1848 (Year)

7-AGE, 67 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs., or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Henry Brown

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice M. Roth

(Address) 2004 Plymouth Ave

15- Filed NOV 14 1915, 19.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1915, to Nov. 12 1915, that I saw her alive on Nov. 12 1915, and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH* was as follows:

Multiple Recurrent Tabes et Chronic Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.

Nov. 13, 1915. (Address) 3735 Chestnut Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL, Nov. 15, 1915.

20-UNDERTAKER: Horace Bunguerson — ADDRESS 3631 Falls Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

J 089604

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 089604

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3034 Boston St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Stockay

(Residence in Baltimore: No. 3034 Boston St. St.; 1 yrs. 3 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: July (Month) 17 (Day), 1914. (Year)

7-AGE: 1 yrs. 3 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: John Stockay.

11-BIRTHPLACE OF FATHER (State or country): Austria Poland.

12-MAIDEN NAME OF MOTHER: Annie Synder.

13-BIRTHPLACE OF MOTHER (State or country): Austria Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Stockay.

(Address) 2034 Boston St.

15- Filed NOV 14 1915 ROBERT J. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1915, to, Nov. 13 1915, that I saw him alive on Nov. 12 1915, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

6 wks (Duration) ..... yrs ..... mos ..... ds

Contributory (SECONDARY) Exhaustion

..... (Duration) ..... yrs ..... mos. 1 ds.

(Signed) Chas Drew M. D.

11/13/15 191 [Address] 408 Park Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary. DATE OF BURIAL: Nov 15 1915.

20-UNDERTAKER: M. F. Sodowski. ADDRESS: 905 S. Ann St

U. S. Bureau of the Census. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—5-19-12—M. & T.—500 Bks. Michael Tonne.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89605

C89605

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 S. Pulaski ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Tonne

(Residence in Baltimore: No. 15 S. Pulaski St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 25 (Day) 1861 (Year)

7-AGE, 54 yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blower
(b) General nature of industry, business, or establishment in which employed (or employer): Brewery

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Tonne

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary ——

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Tonne

(Address) 15 S Pulaski

15-NOV 14 1915 Filed....., 191. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 11 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6 1915, to Nov 11 1915,
that I saw him alive on Nov 10 1915,
and that death occurred, on the date stated above, at 9P m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. O'Donnell M. D.
Nov 12, 1915. (Address) 108 N Dutton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Nov 13, 1915

20-UNDERTAKER Geo. A. Gerber — ADDRESS Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

George Herbert

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89606 C89606

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Herbert

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs., ...mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec. 6, 1854.
(Month) (Day) (Year)

7-AGE, 60 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jaff. A. Herbert

11-BIRTHPLACE OF FATHER (State or Country), Mary Co Md.

12-MAIDEN NAME OF MOTHER Allie Matterly

13-BIRTHPLACE OF MOTHER (State or Country), St. Mary Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hammd. Herbert

(Address) 531 N. Wolfe

15- NOV 14 1915 Filed..... 191.....

BURIAL PERMIT CLERK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 23 1915, to Nov 14, 1915, that I saw h alive on Nov 14, 1915, and that death occurred, on the date stated above, at 12:30 pm.

The CAUSE OF DEATH* was as follows:

Nephritis

.....(Duration).....yrs. 2 mos.....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

.....(Duration) 12 yrs.....mos.....ds.

(Signed) Louis H. Mayer M. D.

Nov. 14, 1915 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 22 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence Granite, Md.

19-PLACE OF BURIAL OR REMOVAL, St. Mary Co. Md. DATE OF BURIAL, Nov. 15, 1915

20-UNDERTAKER, H. J. Schaeffer & Son ADDRESS 1800 Monument St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & S.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89607 — 64 — C89607

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 W. Lafayette Ave ST.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Fitchens

(Residence in Baltimore: No. 1217 W. Lafayette Ave. St.; 69 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Feby 1st (Month) (Day), 1846 (Year)

7-AGE, 69 yrs. 11 mos. 11 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Confectioner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md. (Balto City)

PARENTS.

10-NAME OF FATHER, John F. Fitchens

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER, Sarah Hollingsworth

13-BIRTHPLACE OF MOTHER (State or Country), Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Fitchens

(Address) 1216 Ridgewood Ave

NOV 15 1915

Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 191 5, to Nov 12 191 5, that I saw him alive on Nov 12 191 5, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia (Right)

(Duration) yrs. 1 mos. ds.

(Signed) Wesley F. Blackwood M. D.

Nov 14, 191 5 (Address) 1217 W Lafayette ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov. 15, 1915

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 1211 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3435 Ashland St. 13 WARD)

2-FULL NAME Christina Otten

(Residence in Baltimore: No. 3435 Ashland.

REGISTERED No. C 68608 182

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo H. Otten

(Address) 3435 Ash Ave

15- Filed NOV 15 1915, 191... HARRY O. ANDREWS, Special Deputy Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock

Gun Shot Wound

Head - Homicide

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry C. Allgire M. D.

Nov 13, 1915. (Address) 3640 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Ham Nov 13 1915

DATE OF BURIAL, 191...

20-UNDERTAKER Chenoweth & Son

ADDRESS Chestnut

I. C. C. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89609

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 934 Pierce ST.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph P. Reid

(Residence in Baltimore: No.) 934 Pierce St.; 7 yrs.. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January 9th Sunday, 1898
(Month) (Day) (Year)

7-AGE, 17 yrs. 10 mos. 3 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Elevator Operator
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Staunton Va.

PARENTS.

10-NAME OF FATHER, Joseph F. Reid.

11-BIRTHPLACE OF FATHER (State or Country), Staunton. Va.

12-MAIDEN NAME OF MOTHER Janie. Payne.

13-BIRTHPLACE OF MOTHER (State or Country), Staunton Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Janie P. Reid

(Address) 934 Pierce St.

15- NOV 15 1915 ERNEST O ANDREWS,

Filed....., 191.. Burial Permit Clerk,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 12, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1915, to Nov 12 1915, that I saw him alive on Nov 12 1915, and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) Lungs 2 B

(Duration) yrs. 2 mos. 10 ds.

(Signed) W. H. W. Kennard M. D.

Nov 14, 1915. (Address) 708 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Staunton Va — DATE OF BURIAL, Nov 15, 1915.

20-UNDERTAKER Felix B. Pyle — ADDRESS 102 E Mulberry St

Spec.—8-24-14—M. & T.—3000 Bks.

C89610 C89610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 N Robinson St. 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Anna Pasacalle.

(Residence in Baltimore: No. 103 N Robinson St.; Yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 25. (Month) (Day), 1915 (Year)

7-AGE, yrs. 6 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md. (Balto City)

PARENTS.

10-NAME OF FATHER, Samuel Pasacalle

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Mary Nash

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Pasacalle

(Address) 103 Robinson

15- NOV 15 1915 HARRY O ANDREWS, Filed, 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 14th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 13th 1915, to Nov 14th 1915, that I saw her alive on Nov 13th 1915, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Adam H Fod M. D.

Nov 14, 1915. (Address) 439 S Ellwood Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westwick — DATE OF BURIAL, Nov 15, 1915

20-UNDERTAKER James Moran — ADDRESS Pimlico

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89611 C89611

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 521 N. Eutaw St. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl B. Fahey

(Residence in Baltimore: No. 521 N. Eutaw St. St.; 24 yrs., 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Sept. 19, 1891 (Month) (Day) (Year)

7-AGE, 24 yrs. 1 mos. 24 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, Michael Fahey

11-BIRTHPLACE OF FATHER (State or Country), Alleghany Co., Md.

12-MAIDEN NAME OF MOTHER Helen Quenzel

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Helen Fahey

(Address) 521 N. Eutaw St.

15-NOV 15 1915 HARRY O ANDREWS, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 23 1915, to Nov. 13 1915, that I saw him alive on Nov. 13 1915, and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ....yrs. ....mos. 25 ds.

CONTRIBUTORY (Secondary) Haemorrhage Bowel

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Hauk C. Wagner M. D.

11/14, 1915 (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	11/15/15 191...
20-UNDERTAKER	ADDRESS
Henry W. Means & Son	805 N. Gilmor St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89612 C89612

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 W Lexington ST.; 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Snowden

(Residence in Baltimore: No. 1026 W Lexington St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, November, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Wagon driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country) Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country) Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Easton

(Address) 916 Penna ave

15- NOV 15 1915 Filed....., 191.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8 1915, to Nov 14 1915, that I saw him alive on Nov 13 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Asthma Dropsy
of Heart
(Duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Do Heart
(Duration) yrs. 1 mos. 6 ds.

(Signed) D. G. W. Kennard M. D.

Nov 14, 191.. (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, Nov 16 1915

20-UNDERTAKER Daniel Easton ADDRESS 916 Penna ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89613 — 31 — C89613

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Snowden

(Residence in Baltimore: No. 2628 Boston St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Femal

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1877
(Month) (Day) (Year)

7-AGE, 38 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Archie Snowden

(Address) 2628 Boston St

15- NOV 15 1915

Filed....., 191... HARRY O ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12 1915, to Nov 14 1915, that I saw h[er] alive on Nov 14 1915, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

..... (Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 2628 Boston St

Former or usual residence 2628 Boston St

19-PLACE OF BURIAL OR REMOVAL, Dulaney — DATE OF BURIAL, Nov 17 1915

20-UNDERTAKER Daniel Easton — ADDRESS 916 Penna Ave

C89614 C89614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×175

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Pronounced dead Mercy Hospital St.: 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Laurence Brown

(Residence in Baltimore: No. Sykesville Md St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.) Single

6-DATE OF BIRTH, September (Month) 15 (Day), 1892 (Year)

7-AGE, 23 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer - Had been
(b) General nature of industry, business, or establishment in which employed (or employer): fireman U.S. Navy.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Said Brown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jessie Webb

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Said Brown

(Address) Sykesville, Md.

15- NOV 15 1915 HARRY O ANDREWS, Burial Permit Clerk
(Date) 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, ~~autopsy~~ or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

accident - R.R. Struck by Pa. R.R. engine on Eastern Ave. Bridge. Dead when brought to Hospital (Duration) less than 1 hour. yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Thos. R. Saunders M. D. (Coroner.)

Nov. 15, 191.5 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sykesville Md — DATE OF BURIAL, Nov 17 1915

20-UNDERTAKER Geo. R. Steer — ADDRESS Sykesville Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Maryland General Hospital, Linden ave.& Madison st. St.) 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Young,

(Residence in Baltimore: No. 1002 Sarah Ann street, St.) yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married

6-DATE OF BIRTH.
January (Month) 18th (Day), 1862. (Year)

7-AGE. 53 yrs. 9 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day laborer,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Baltimore, Md.

PARENTS.
10-NAME OF FATHER. Henry Young,
11-BIRTHPLACE OF FATHER (State or Country). Maryland,
12-MAIDEN NAME OF MOTHER Julia King,
13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Julia Young, sister,
(Address) 1002 Harmony Lane.

15- NOV 15 1915 HARRY O. ANDREWS,
Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 11th (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Septicaemia-following infection of wounds of the right foot which were caused by a steam roller accidentally passing over same yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. Frederick Menpie M. D.
(Coroner.)
Nov. 12, 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? Cor. Bolton and Lanvale sts.
Former or usual residence. 1002 Sarah Ann St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St Peters Cmtry	Nov. 15 19 15
20-UNDERTAKER Alfred J. Friedland	ADDRESS 1143 Schroeder at

P. S. CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89616 — 91 — C89616

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2441 E. Biddle St.; 8 WARD)
REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Novak

(Residence in Baltimore: No. 2441 E. Biddle St.; 48 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widower

6-DATE OF BIRTH, (Month) Not Known (Day) ..... (Year) 1.....

7-AGE. 53 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Meats

9-BIRTHPLACE, (State or Country). Bohemia

PARENTS.

10-NAME OF FATHER. Joseph Novak

11-BIRTHPLACE OF FATHER (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Novak

(Address) 2441 E. Biddle St.

15- NOV 15 1915 REGISTRAR OF VITAL STATISTICS.

Filed ....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 9 1915, to Nov 11 1915, that I saw h.m alive on Nov 11 1915, and that death occurred, on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH* was as follows:

.....
..... Pneumonia
..... Catarrhal
..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY. Exposure to Cold
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... J. Simms ..... M. D.

....., 191... (Address) 1225 N. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Hill — DATE OF BURIAL, Nov. 15, 1915

20-UNDERTAKER, Frank Crackston — ADDRESS 1906 Eastlake

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1413 Harford Ave ST. 9 WARD)

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Carvello

(Residence in Baltimore: No. 1413 Harford Ave

St.; yrs., 10 mos. ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... November, 1 ..... (Month) (Day) (Year)

7-AGE, 42 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Washing

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mrs Hoffman

(Address) ..... 715 Hendrix

15- NOV 15 1915 HARRY D ANDREWS, Filed ....., Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov. ..... 14th ....., 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Elijah L Russell M. D. (Coroner.)

Nov. 14th, 1915. (Address) 1516 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem

DATE OF BURIAL, Nov. 16, 1915

20-UNDERTAKER Robt F Carney

ADDRESS 1732 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 | 89618 | 19 | 89618

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 612 Eutaw St. 27 WARD)
REGISTERED No. C

2-FULL NAME Josephine Hohney
(Residence in Baltimore: No. 612 Eutaw St.: yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Unknown
(Month) (Day) (Year)

7-AGE, 41 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

PARENTS.
9-BIRTHPLACE, (State or Country), Maryland
10-NAME OF FATHER, George Grace
11-BIRTHPLACE OF FATHER (State or Country), Md
12-MAIDEN NAME OF MOTHER, Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) George Gray
(Address) 624 S. Sharp

15-
Filed NOV 15 1915 191... ROBT. O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.
The CAUSE OF DEATH* was as follows:
Acute Card. Dilatation
(Duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Cardiac Asthma
(Duration) ... yrs. ... mos. ... ds.
(Signed) ... M. D.
Nov 15, 1915 (Address) 242 W. Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sharon Cemetery	Nov. 17, 1915
20-UNDERTAKER	ADDRESS
J. L. Young & Son	108 N. Eutaw St. and Lovely Lane

C89619

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C89619

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 319 N Paca St ST. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philo Anderson Lutz

(Residence in Baltimore: No. 319 N Paca St St.: 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 18, 1860 (Month) (Day) (Year)

7-AGE: 55 yrs. 8 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Pa

PARENTS

10-NAME OF FATHER: William Lutz.

11-BIRTHPLACE OF FATHER (State or country): Pa

12-MAIDEN NAME OF MOTHER: Margaret Hinsch

13-BIRTHPLACE OF MOTHER (State or country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth S Lutz.

(Address) 319 N Paca St

15. NOV 15 1915 HARRY O ANDREAS, Registrar

Filed ....., 191 .... Burial Permit ....

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 12, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1915, to Nov 12 1915.

that I saw him alive on Nov 12, 1915.

and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
Chronic interstitial Nephritis

(Duration) 10 yrs. mos. ds

Contributory (SECONDARY) Uraemic intoxication

(Duration) yrs. 1 mos. ds.

(Signed) Harry S Cole M. D.

Date Nov 13. 1915 (Address) 20 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Nov 15 1915

20-UNDERTAKER: W M Ponton — ADDRESS: 230 N Gay

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89620

CERTIFICATE OF DEATH.

120 C89620

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 McElderry ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Foster

(Residence in Baltimore: No. 2205 McElderry St.; 1 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Richmond, 1 (Month) (Day) (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Door Foster

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Holton

(Address) 2205 McElderry St

15- Filed NOV 15 1915, 191.. MARY O ANDREWS, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 13, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sep 30 1915, to Nov 13 1915, that I saw h er alive on Nov 12 1915, and that death occurred, on the date stated above, at 8.55 A m.

The CAUSE OF DEATH* was as follows:

1. Chronic Nephritis.

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Coma.

(Duration) yrs. 2 mos. 1 ds.

(Signed) Wade H. White M. D.

Nov. 13, 1915. (Address) 1101 E. Oliver

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem. DATE OF BURIAL, Nov. 16 1915.

20-UNDERTAKER Harry A Vodery ADDRESS 1725 Eden

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~C 89621~~ 64 89621

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 1005 N. Bond St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. Schuster

(Residence in Baltimore: No. 1605 N. Bond St.; 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, July 1st, 1850.
(Month) (Day) (Year)

7-AGE, 65 yrs. 4 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Philip Weisbrodt
11-BIRTHPLACE OF FATHER (State or Country): Germany
12-MAIDEN NAME OF MOTHER: Helen Lang
13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Miss Helen Gekmershausen
(Address) 1005 N. Bond St.

15-
Filed NOV 15 1915, 191.... HARRY D. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 13th, 1915.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 6th 1915, to November 13th 1915, that I saw h Er alive on November 13th 1915, and that death occurred, on the date stated above, at 2:45 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Hemiplegia (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. 2 ds.

(Signed) Charles H. A. Meyer M. D.
November 17th 1915. (Address) 1031 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer	Nov. 16, 1915.
20-UNDERTAKER	ADDRESS
Edw. J. Fanning	1936 E. Lafayette Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89622

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89622

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 1021 N. Calvert ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Richard J. Capron

(Residence in Baltimore: No. 1021 N. Calvert St.: 86 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: March (Month) 23 (Day), 1829 (Year)

7 AGE: 86 yrs. 7 mos. 20 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Norfolk Va

PARENTS

10 NAME OF FATHER: John Capron

11 BIRTHPLACE OF FATHER (State or country): England.

12 MAIDEN NAME OF MOTHER: Ann E. Baylor

13 BIRTHPLACE OF MOTHER (State or country): Essex. Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Virginia T. Husband

(Address) 1021 N. Calvert St

15 NOV 15 1915, 191 HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 13th (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1915, to Nov 12th 1915, that I saw h— alive on Nov 12th, 1915, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Infirmities of age.
a femoral necrosis

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY): Bronchitis

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Geo H Barnes M. D.

Nov 14th, 1915 (Address) 21 W 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: 11-15, 1915

20 UNDERTAKER: Henry W. Peeters Sons & McCulloh & Buchard

ADDRESS

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89623

HEALTH DEPARTMENT--CITY OF BALTIMORE

C89623

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 529 Patterson Park Ave. ST. 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Maria Pina

(Residence in Baltimore: No. 509 S. Patterson Park Ave. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Unknown (Month), (Day), 1844 (Year)

7 AGE: 61 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Jan Pinek

11 BIRTHPLACE OF FATHER (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Robinson

13 BIRTHPLACE OF MOTHER (State or country): Bohemia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Pina

(Address) 509 S. Patterson Park Ave.

15 Filed NOV 15 1915 HARRY O. ANDREAS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 12th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1915, to Nov 12th 1915, that I saw h[illegible] alive on Nov 12th 1915, and that death occurred, on the date stated above, at 1:15 p m.
The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis (Duration) 1 yrs. 6 mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Sig Ebner M. D.

Nov 14th, 1915 (Address) 1103 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: [illegible] — DATE OF BURIAL: Nov 15 1915

20 UNDERTAKER: [illegible] — ADDRESS: [illegible]

Spec.—5-19-13—M. & T.—500 Bks.

089621

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 089621

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. 535 N Stricker St. ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Earl Eagleston

(Residence in Baltimore: No. 535 N Stricker St. St.) 33 yrs., 2 mos. 11 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 1, 1882
(Month) (Day) (Year)

7-AGE. 33 yrs. 2 mos. 11 da.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md Balto City

PARENTS.

10-NAME OF FATHER, Geo. I Eagleston

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Kate N. Carr

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. I Eagleston

(Address) 535 N Stricker St.

15-

NOV 15 1915

Filed....., 191.... HARRY O. ANDRES, Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 12, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1915, to Nov. 12 1915, that I saw him alive on Nov. 12 1915, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

5

3

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Jno. I Gibney M. D.

Nov. 14, 1915 (Address) 622 N Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem — DATE OF BURIAL, Nov. 15, 1915

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C89625

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Bank St.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaw Wolgant (Wolgast)

(Residence in Baltimore: No. 1735 Bank St.; 30 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Dont Know., 1 (Month) (Day) (Year)

7-AGE. 39 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country). German Poland.

PARENTS.

10-NAME OF FATHER. Roman Wolzant.

11-BIRTHPLACE OF FATHER (State or Country). German Poland.

12-MAIDEN NAME OF MOTHER. Frances Marcynkowski.

13-BIRTHPLACE OF MOTHER (State or Country). German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Wolzant.

(Address) 1735 Bank St.

15-

Filed NOV 15 1915, 191.. Burial permit dies

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Nov 15, 1915. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10 1915, to Nov 15 1915, that I saw h— alive on Nov 15 1915, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) J. Wilkinson M. D.

Nov 16, 1915. (Address) 1100 Bank St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary.

DATE OF BURIAL. Nov 17, 1915.

20-UNDERTAKER M F. Sadowski.

ADDRESS 705 S. Ann St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89626 — 28 — C89626

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3118 Baker ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Hochhaus

(Residence in Baltimore: No. 3118 Baker St St.: — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Single

6-DATE OF BIRTH, October (Month) 22 (Day), 1891 (Year)

7-AGE.	If LESS than 1 day,
24 yrs. 20 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Drug Store

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Charles E Hochhaus

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Frances Strobel

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E Hochhaus

(Address) 3118 Baker St

15-

Filed NOV 15 1915, 191... Registrar. [illegible] Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 13th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 1st 1915, to Nov 13 1915; that I saw h or alive on Nov. 13 1915, and that death occurred, on the date stated above, at 10.30P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry Glassman M. D.

Nov. 14..., 1915. (Address) 2687 Woodlawn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, Nov. 16..., 1915.

20-UNDERTAKER Jos. F. Kerr ADDRESS 1914 E. Fayette

CAUSE OF DEATH in plain terms, so that if may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89627

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 S. Bond ST.) 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George G. Panzer

(Residence in Baltimore: No. 608 S. Bond St.: 50 yrs. 11 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 10, 1864 (Month) (Day) (Year)

7-AGE, 50 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Krauts Packer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frederick Panzer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Hammel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Panzer

(Address) 608 S. Bond st.

15- NOV 15 1915 REGISTRAR'S, Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 12, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 20 1915, to Nov 12 1915, that I saw h[illegible] alive on Nov 12 1915, and that death occurred, on the date stated above, at 7 [illegible] m.

The CAUSE OF DEATH* was as follows:

Pthisis Pulmonalis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) G. B. Enteritis

(Duration) yrs. 3 mos. ds.

(Signed) Frederick H. Hammann M. D.

Nov 14 15 191... (Address) 2018 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Nov. 16..., 1915.

20-UNDERTAKER J. S. J. Derr 1914 E. Fayette

ADDRESS

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 ×170

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Md Hosp ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Christel

(Residence in Baltimore: No. ~~Colora~~ the Maryland University Hospital (St.: yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1891
(Month) (Day) (Year)

7-AGE, 24 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Genral

9-BIRTHPLACE, (State or Country), Cecil Co, Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Thomas Christel

12-MAIDEN NAME OF MOTHER Amanda Bayard

13-BIRTHPLACE OF MOTHER (State or Country). Cecil Co - Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Slater B. Lost

(Address) Colora. Md

15- NOV 15 1915 MAYOR'S Filed ..... 191.. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Bacillus infection (accident)
(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Gun Shot wound
(Duration) yrs. mos. 3 ds.

(Signed) J. T. Jeffers M. D.

Nov 15, 1915. (Address) 242 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Colora Md

Former or usual residence Colora Md

19-PLACE OF BURIAL OR REMOVAL. Colora Cecil Co. Md

DATE OF BURIAL. Nov 15 1915

20-UNDERTAKER McLean & Jones

ADDRESS 833 Linden Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89629 43 (89629)

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 348 E. 25th St.; 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anza Elizabeth Knight.

(Residence in Baltimore: No. 348 E. 25th St.; 50 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH: July (Month) 23 (Day), 1857 (Year)

7 AGE: 58 yrs. 3 mos. 22 ds. — If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Grahamville, S.C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julius Knight

(Address) Towsontown, Md.

15 NOV 15 1915 Filed ....., 191 — ROBERT J. KRAUTER, Clerical Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 14 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1915, to Nov. 13, 1915, that I saw h[illegible] alive on Nov. 13, 1915, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast
Removal + recurrence
Clinical Diagnosis & Operation
(Duration) — yrs. 10 mos. — ds

Contributory (SECONDARY) Metastatic hemorrhage of aorta
(Duration) yrs. mos. ds.

(Signed) Hugh Young M. D.
Nov. 14, 1915 (Address) 1206 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Nov 16 1915

20 UNDERTAKER: M. Fahey & Sons — ADDRESS: 606 Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89630 C89630

CERTIFICATE OF DEATH.

8 28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 S. Monroe ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Patrick Stricker

(Residence in Baltimore: No. 219 S. Monroe St.; yrs., 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Female~~ Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, October (Month) 31 (Day), 1850 (Year)

7-AGE, 65 yrs. 00 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Stricker

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bridget McAvoy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Stricker

(Address) 145 Caverton Rd.

15- Filed NOV 15 1915 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 5 1915, to November 14 1915, that I saw h im alive on November 13 1915, and that death occurred, on the date stated above, at 4.30A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chester O. Riland M. D.

Nov. 14, 1915. (Address) 2532 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peter's Cemetery — DATE OF BURIAL, Nov. 17, 1915.

20-UNDERTAKER Geo. L. Schwab & Bro — ADDRESS 2101 Fred'k Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89631 C89631

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 Tilert ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tridolin Krug.

(Residence in Baltimore: No. 2416 Tilert St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Aug 20th (Month) (Day), 1844 (Year)

7-AGE, 71 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Supt. of
(b) General nature of industry, business, or establishment in which employed (or employer): Coal Pier

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER: Aloisi Krug

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER: Anna Greis

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence Krug

(Address) 2416 Tilert St

15- Filed NOV 15 1915, 191... ROBERT J. KNAUER, REGISTRAR OF VITAL STATISTICS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov. 2 1915, to Nov. 14 1915, that I saw him alive on Nov. 14 1915, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pylorus

Chronic Nephritis

(Duration): yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration): yrs. mos. 1 ds.

(Signed) Chas O'Neill M. D.

11/15/15 191... (Address) 408 S Patterson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Nov. 17, 1915.

20-UNDERTAKER Lilly-Zeiler

ADDRESS 403 S. Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 089632

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S. Madeira St.; 1 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Prasch.

(Residence in Baltimore: No. 509 S. Madeira St.; 57 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb. 2nd (Month) (Day), 1840 (Year)

7-AGE, 75 yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wecklein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ankenbrock

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Goldbeck

(Address) 509 S. Madeira

15- NOV 15 1915 Burial Permit Clerk

Filed NOV 15 1915, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1915, to Nov 8 1915, that I saw her alive on Nov 8 1915, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

General Edema

.....

.....

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Ch. myocarditis & Bronchitis

..... (Duration) 1 yrs. 6 mos. ..... ds.

(Signed) T. Gaeckey M. D.

11-15, 191.5. (Address) 111 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
H. G. Redeemer Cem	Nov. 16, 191.5.
20-UNDERTAKER	ADDRESS
Luby & Zehr.	453 S. Wolfe

Sec. 6 of Ordinance No. 1 approved Feb. 4, 1915, provides that all persons having charge of the burial of a dead body shall, within 24 hours after the burial, deliver to the Registrar of Vital Statistics the certificate of death, properly filled out in all particulars possible, and shall at the same time obtain a permit for the burial of the body. Sec. 7 provides that no dead body shall be buried or removed from the city unless a permit for the burial or removal has been issued by the Registrar of Vital Statistics or his deputy. Sec. 8 provides that no dead body shall be buried or removed from the city unless a permit for the burial or removal has been issued by the Registrar of Vital Statistics or his deputy. Sec. 9 provides that no dead body shall be buried or removed from the city unless a permit for the burial or removal has been issued by the Registrar of Vital Statistics or his deputy. 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Sec. 100 provides that no dead body shall be buried or removed from the city unless a permit for the burial or removal has been issued by the Registrar of Vital Statistics or his deputy.

important. See instructions on back of certificate.

C89633

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C89633

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 424 E. 22nd St.) (12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Teresa DeFontes

(Residence in Baltimore: No. 424 E. 22nd St.) (abt 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: September 27, 1840 (Month) (Day) (Year)

7 AGE: 75 yrs. 1 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Italy

PARENTS

10 NAME OF FATHER: Joseph Cutino

11 BIRTHPLACE OF FATHER (State or country): Italy

12 MAIDEN NAME OF MOTHER: Marianna Sovano

13 BIRTHPLACE OF MOTHER (State or country): Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis DeFontes

(Address) 424 E. 22nd Street

15 Filed NOV 15 1915 19.. ROBERT J. KRAUTER Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mon. (Month) 14 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 1910, to Nov 13: 1915.
that I saw h[illegible] alive on Mon. 14 1915.
and that death occurred, on the date stated above, at 4 A. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Atheroma (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) Chas. Emil Brack M. D.

Nov. 15, 1915 (Address) 570 E. 20th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov 16, 1915

20 UNDERTAKER: C. A. Fiedfeldt — ADDRESS: Greenmount Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89634

CERTIFICATE OF DEATH.

× 92

C89634

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul E. M. Tiesing

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 22, 1895.
(Month) (Day) (Year)

7-AGE, 20 yrs. 6 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Student
(b) General nature of industry, business, or establishment in which employed (or employer)..... Johns Hopkins Hosp.

9-BIRTHPLACE, (State or Country), Connecticut

PARENTS.

10-NAME OF FATHER, C. J. Tiesing

11-BIRTHPLACE OF FATHER (State or Country), Conn.

12-MAIDEN NAME OF MOTHER Mary Mower

13-BIRTHPLACE OF MOTHER (State or Country), Conn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-

Filed NOV 15 1915 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 15, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1 1915, to November 15 1915, that I saw him alive on November 15 1915, and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

abscess of Lung

Acute Coloro-pneumonia

7 weeks

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) P. W. Yelloughby M. D.

Nov. 15, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. 1 mos. 15 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 51 Bishop St New Haven Conn

19-PLACE OF BURIAL OR REMOVAL, Brandon Vermont — DATE OF BURIAL, Nov. 16, 1915.

20-UNDERTAKER Elliott & Keller — ADDRESS 221 N Bradley

important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1916 C89635

1-PLACE OF DEATH: City of Baltimore (No.) Mercy Hospital St. 22 Ward) — Registered No. C

2-FULL NAME: Howard S. Hardy — (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 32 W. Montgomery St.; yrs. 45 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, February 8th, 1852 (Month) (Day) (Year)

7-AGE 63 yrs. 9 mos. 6 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco Warehouse

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Henry M. Hardy

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Marie Shriegel

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary M. Hardy

(Address) 32 W. Montgomery

15- NOV 15 1915 Filed ..... 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows: Depressed fracture of Skull and Cerebral Abscess, the result of accidental blow on his head

from this (Duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) yrs. mos. ds.

(Signed) Morris M. Sayger M. D. (Coroner.)

Nov 15, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? accidental at Hoff Tobacco Warehouse, Fells Pt

Former or usual residence 32 W. Montgomery

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Leesburg Va	Nov 16 1915

20-UNDERTAKER F. A. Krause — ADDRESS 703 Hanover St.

C89636

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C89636

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1032 E. Fath Ave ST. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James J. Haddock

(Residence in Baltimore: No. 1032 E. Fath ave St.: yrs. .... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH Nov. (Month) 13 (Day), 1915 (Year)

7 AGE ..... yrs. ..... mos. 1 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE (State or country) Baltimore

PARENTS

10 NAME OF FATHER James J. Haddock

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Fannie Smith

13 BIRTHPLACE OF MOTHER (State or country) Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pott Brooks & Son

(Address) Calhoun & Hollins sts

NOV 15 1915 ROBERT . KRAUSE, Filed ..... , 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. (Month) 14 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 13 1915, to Nov 14 1915, that I saw h[illegible] alive on Nov - 14 1915, and that death occurred, on the date stated above, at 7[illegible] m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Six Months Child
(Natural Causes)

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Thurman Dalrymple M. D.

Nov 15 1915 (Address) 1103 W Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Johns Cem	Nov 16 1915
20 UNDERTAKER	ADDRESS
Pott Brooks & Son	Calhoun & Hollins

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89637

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89637

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 S. Port, St.; 1 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margret. Mattes

(Residence in Baltimore: No. 922 S. Port. St.; ..... yrs., ... mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Female	White	Single.

6-DATE OF BIRTH, Oct. (Month) 26 (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas E. Matta

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Nelinsk

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas E. Matta

(Address) 922 S. Port

15- NOV 16 1915

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 1915, to Nov 15 1915, that I saw him alive on Nov 15 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Inf

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. W. Ether M. D.

Nov 15, 1915. (Address) 101 S. Patterson Pk. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, [redacted] Holy Rosary

DATE OF BURIAL, NOV 16 1915, 191..

20-UNDERTAKER William J. Falkouski

ADDRESS 1618 Eastern Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89633 C89633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 137

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Lodie Stevenson

(Residence in Baltimore: No. University Hospital St.; ....yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, July 13, 1881
(Month) (Day) (Year)

7-AGE, 34 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm J. Poulbourn

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary A Miles

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm J Stevenson
(Address) Marion Md

15- NOV 16 1915
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 16, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1915, to Nov. 16 1915, that I saw h.e alive on Nov. 16 191..., and that death occurred, on the date stated above, at 5:45 a. m.

The CAUSE OF DEATH* was as follows:
Puerperal Sepsis

(Duration) ....yrs. ....mos. 6 3 ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) W Sutton M. D.
Nov 16, 191.5 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. 1 mos. 1 ds. In the State 34 yrs. 4 mos. 3 ds.
Where was disease contracted, if not at place of death? Marion, Md
Former or usual residence Marion Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Marion Md	Nov. 16 1915
20-UNDERTAKER	ADDRESS
Chas Langley	715 Eight

important. See instructions on back of certificate.

C89639

HEALTH DEPARTMENT--CITY OF BALTIMORE

C89639

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 707 Harlem ave St.; 17 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Moritz Shapiro

(Residence in Baltimore: No. 707 Harlem ave St.; 32 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 44 yrs. 6 mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Wolf Shapiro

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) P. Shapiro

(Address) 707 Harlem Ave

15 NOV 16 1915 Filed ....., 191.....

HARRY D. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 15 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1915, to Nov 15 1915.

that I saw h— alive on Nov 14, 1915.

and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 9 mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas J Block M. D.

Nov 15, 1915 (Address) 78 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 707 Harlem Ave

19 PLACE OF BURIAL OR REMOVAL: Hebrew Prosdah — DATE OF BURIAL: Nov 16, 1915

20 UNDERTAKER: S. Levinson & Bro — ADDRESS 1107 E Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89640

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89640

28

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 W. Lee ST.: 27 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Samberg

(Residence in Baltimore: No. 3 W. Lee St.: 16 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 15, 1899. (Month) (Day) (Year)

7-AGE, 16 yrs. 3 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Louis Samberg

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Jennie Katz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Samberg

(Address) 3 W Lee St

15- NOV 16 1915 Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November, 15, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15, 1915, to Nov 15, 1915, that I saw him alive on Nov, 15, 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. Krauskopf M. D.

Nov. 15, 1915. (Address) 1124 W Lee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Co Nov 16, DATE OF BURIAL, 1915

20-UNDERTAKER H. Kessman & Bro ADDRESS 1107 E Balto st

important. See instructions on back of certificate.

C89641

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C89641

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2325 E. Monument ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Dornbecker

(Residence in Baltimore: No. 2325 E. Monument St.; 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: March 8 (Month), (Day), 1857 (Year)

7-AGE: 58 yrs. 8 mos. 5 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Dornbecker

(Address) 2325 E. Monument St.

15- Filed ..... 191...

NOV 16 1915 — NOV 19 1915 — MARY O. ANDREWS, City Clerk — Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13, 191✓, to, Nov 15 191✓, that I saw h... alive on Nov 13 191✓, and that death occurred, on the date stated above, at 11 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral - Hemorrhage

(Duration) ... yrs ... mos. ... ds.

Contributory (SECONDARY) Arterio - Sclerosis

(Duration) ... yrs 2 mos. — ds.

(Signed) Alvin B Lerman M. D.

Nov 16, 191... [Address] 718 N Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	Nov 16/15 191...

20-UNDERTAKER: Christian Miller — ADDRESS: 2338 Jefferson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89642

CERTIFICATE OF DEATH.

28 C89642

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 S. Curley ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Paul

(Residence in Baltimore: No. 507 S. Curley St.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 16 (Day) 1886 (Year)

7-AGE, 29 yrs. 3 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Potter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Potter

9-BIRTHPLACE, (State or Country). Balto. City. Md.

PARENTS.

10-NAME OF FATHER, John H. Paul

11-BIRTHPLACE OF FATHER (State or Country). Balto City Md.

12-MAIDEN NAME OF MOTHER Cora E. Meek

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Paul

(Address) 507 S. Curley St

15- NOV 16 1915

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9th 1915, to Nov 14 1915, that I saw h.. alive on Nov 14 1915, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Family Phys. 1 year (Duration) ...yrs....mos....ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ...yrs....mos....ds.

(Signed) ..... M. D.

Nov. 16, 1915. (Address) 2933 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel Cem	Nov. 17th, 1915
20-UNDERTAKER	ADDRESS
A. Sander & Sons	1708 E. Lee St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89643 C89643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1832 N. Wallas st. ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Mary Parker

(Residence in Baltimore: No. 1832 N. Wallas st. St.; 6 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widowed

6-DATE OF BIRTH: 3rd of July (Month) (Day), 1857 (Year)

7-AGE: 58 yrs. 4 mos. 12 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country): Pittsburgh Pa

PARENTS.

10-NAME OF FATHER: William Henry.

11-BIRTHPLACE OF FATHER (State or Country): Toronto Canada

12-MAIDEN NAME OF MOTHER: Katherine M. Woods

13-BIRTHPLACE OF MOTHER (State or Country): Pittsburg. Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Young.

(Address) 1832 N. Wallas st

15- NOV 16 1915

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 15th (Month) (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 2nd 1915, to November 15 1915, that I saw h[illegible] alive on November 15 1915, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Allen B. Simmonds M. D.

11/15, 1915 (Address) 15 N. E. Monument Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mont. Poly Redemer — DATE OF BURIAL: Nov 18 1915

20-UNDERTAKER: George L. Ruth. — ADDRESS: 1735 Hanford ave

important. See instructions on back of certificate.

Spec. 24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 (89644) 45 (89644)

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 160 N. Carey St. (St.) 6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Zink (Zinke)

(Residence in Baltimore: No.) 160 N. Carey St. (St.) (70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: May (Month) 14 (Day) 1847 (Year)

7-AGE: 68 yrs. 6 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Street Sweeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Zink

(Address) 160 N. Carey St

15-

Filed NOV 16 1915, 191. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) (Day) 191...

17- I HEREBY CERTIFY, That I attended deceased from [illegible] 191..., to [illegible] 191..., that I saw h... alive on [illegible] 191..., and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

[illegible]

[illegible] (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

[illegible] (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

[illegible], 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov. 17, 191..

20-UNDERTAKER: [illegible] O'Donnell — ADDRESS: 1442 N. Broadway

important. See instructions on back of certificate.

C89645

HEALTH DEPARTMENT--CITY OF BALTIMORE

C89645

CERTIFICATE OF DEATH

41

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1732 Moreland Ave St.; 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas J. McCarthy -

(Residence in Baltimore: No. 1732 Moreland Ave St.; yrs 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May 14, 1864 (Month) (Day) (Year)

7 AGE: 68 yrs. 6 mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Insurance Agent &c
(b) General nature of industry, business, or establishment in which employed (or employer): (none for years)

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Stephen McCarthy

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna McCarthy.

(Address) 1732 Moreland Ave

15 Filed NOV 16 1915, 191 — HENRY O. AUSTIN, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 14th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1914 to Nov. 14th 1915, that I saw him alive on Nov 10th 1915, and that death occurred, on the date stated above, at 6.30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon
Post Operative

(Duration) 1 yrs. 10 mos. ds

Contributory (SECONDARY): General involvement

(Duration) yrs. 1 mos. ds.

(Signed) D.V. Keown M. D.

Nov 15, 1915 (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.
Where was disease contracted, if not at place of death?								
Former or usual residence								

19 PLACE OF BURIAL OR REMOVAL: Holy Cross (Cem) — DATE OF BURIAL: Nov 17, 1915

20 UNDERTAKER: Robt F Gruner — ADDRESS: 442 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C89646

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1149 Ridgely ST.: 21 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Edward Gardner
(Residence in Baltimore: No. 1149 Ridgely St. 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single
6-DATE OF BIRTH, Sept (Month) 9 (Day), 1914 (Year)
7-AGE, 1 yrs. 2 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....
9-BIRTHPLACE, (State or Country), md (Balto City)

PARENTS.
10-NAME OF FATHER, Frank Gardner
11-BIRTHPLACE OF FATHER (State or Country), md
12-MAIDEN NAME OF MOTHER Blanche East
13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frank Gardner
(Address) 1149 Ridgely St.

15-

Filed NOV 16 1915, 191.... ROBERT C. ARCHER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8 1915, to Nov 13 1915, that I saw him alive on Nov 12 1915, and that death occurred, on the date stated above, at 11.40 pm.

The CAUSE OF DEATH* was as follows:
Rickets
(Duration) 1 yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) Mes. Enteritis
(Duration) 1 yrs. 10 mos. 11 ds.
(Signed) Raymond A. Adams M. D.
Nov 16, 1915 (Address) 1st Williams

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Nov. 17, 1915

20-UNDERTAKER Jas. Lequan & Son — ADDRESS 1000 S. Paca

Property examiner: Enter initials of OCCUPATION if very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C89617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C89617

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 N Howard ST.; 4 WARD) 11

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Purdy

(Residence in Baltimore: No. 401 N Howard St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Infant

6-DATE OF BIRTH, Nov. 14, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 6 hrs. or 0 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, Jos Frank.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Stella K Purdy

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Era Purdy

(Address) 401 N Howard St

15-

Filed NOV 16 1915, 191... HARRY O. RUDDERS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 15 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1915, to Nov 15 1915, that I saw h alive on Nov 14 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cong. Atelectasis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John G Schwomberg M. D.

Nov 15, 1915 (Address) 1120 W Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St Peters Cemetery,	Nov. 16, 1915
20-UNDERTAKER	ADDRESS
James Dignan & Son	100 S Paca St

CAUSE OF DEATH must be plainly stated, and if any be properly considered important. See instructions on back of certificate.

C89613

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C89613

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1014 Fawn St ST.: 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Bessie Etkin

(Residence in Baltimore: No. 1014 Fawn St ST.: 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov — (Month) (Day), 1850 (Year)

7-AGE: 65 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Lewis

(Address) 419 E Balto

15. Filed NOV 16 1915, 191 — REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH November 15, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 14th, 1915, to Nov 15th 1915, that I saw her alive on Nov- 15th, 1915, and that death occurred, on the date stated above, at 10:30 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) L. W. Keown M. D.

Nov. 15, 1915 (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel | DATE OF BURIAL: 11/16, 191 5

20-UNDERTAKER: Jack Lewis | ADDRESS: 419 E Balto

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89619 C89619 28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 106 n Patterson Park ave ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Myers

(Residence in Baltimore: No. 106 S. Patterson Pk ave St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: November (Month) ..., 1840 (Day) (Year)

7-AGE, 75 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Unknown
11-BIRTHPLACE OF FATHER (State or Country): Russia
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Lewis
(Address): 1419 E Balto St

15-
Filed NOV 16 1915 191 HARRY O. ARGERS, Registrar.
Burial Permit 2132

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-30- 1915, to 11-14 1915, that I saw h[er] alive on 11. 14. 1915, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. L. Lloyd M. D.

11.16, 1915 (Address) 639 Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale
DATE OF BURIAL, 11/16, 1915

20-UNDERTAKER Jack Lewis
ADDRESS 1419 E Balto

CAUSE OF DEATH must be plainly written, so that it may be properly important. See instructions on back of certificate.

C88650 — C88650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 165

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Mercy Hospital St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Moses Gelman

(Residence in Baltimore: No. Mercy Hospital St.; yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 11th (Day); 1915 (Year)

7-AGE, yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John M. Gelman Sr.

11-BIRTHPLACE OF FATHER (State or Country), Ill.

12-MAIDEN NAME OF MOTHER Vincke

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M. Gelman

(Address) 111 Washington

15-

Filed NOV 16 1915, 191.. Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burn Scalding

by Scalding as Result of Fire

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diarrhea

(Duration) yrs. 1 mos. 17 ds.

(Signed) Wm. McSparran M. D.
(Coroner.)

Nov. 16, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death....yrs....mos. 1 ds. In the State....yrs....mos. X ds.

Where was disease contracted, if not at place of death? W. Washington, Md

Former or usual residence W. Washington Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Nov 17 1915
20-UNDERTAKER	ADDRESS
John Burns & Son	Towson Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89651 — 92 — C89651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1525 Saratoga W. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry Johnson

(Residence in Baltimore: No. 1525 W Saratoga St.: 5 O yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.): Married

6-DATE OF BIRTH: Nov 8 63 (Month) (Day) (Year)

7-AGE: 52 yrs ... mos ... ds. — If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Shipyard

9-BIRTHPLACE (State or Country): Nicholsville Md

PARENTS.

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or Country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Howard

(Address) 1525 W Saratoga

15- NOV 16 1915 Filed ..... 191... Burial Permit Clerk / Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12 1915, to Nov 14 1915, that I saw him alive on Nov 14 1915, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Pleurisy & Pneumonia

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) 3 days

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo. W. Slater M. D.

..., 191... (Address) 1621 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel city — DATE OF BURIAL: Nov 17 1915

20-UNDERTAKER: Alfred J. Frickel — ADDRESS: 1145 Lanvale

Special attention is called to the fact that all the questions should be answered in plain terms, so that there may be no misunderstanding as to their meaning. Every question is important. See instructions on back of certificate.

Spec.—8-2--14—M. & T.—2000 Bks.

C89652

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C89652

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1165 W. Sargeant ST.: 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Fuller

(Residence in Baltimore: No. 1165 W. Sargeant St. St.: 2nd yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. (Month) 24th (Day) 1852 (Year)

7-AGE, 63 yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Watchman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. (Balto. City)

PARENTS.

10-NAME OF FATHER, Joseph Fuller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ann Lemon

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Fuller

(Address) 1165 W. Sargeant St.

15-

Filed NOV 16 1915, 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1915, to Nov 14 1915, that I saw h[im] alive on Nov 14 1915, and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(b) Influenza (Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dorsey Stone M. D.

Nov 15, 1915. (Address) 924 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cathedral Cem. DATE OF BURIAL, Nov. 17, 191.5

20-UNDERTAKER Jno. A. Braun ADDRESS Baltimore

Property claimed. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-24-14—M. & P.—2000 lbs.

C89653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89653

REGISTERED NO. C 24

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N. Gilmor ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Alice Lewis -

(Residence in Baltimore: No. 423 N. Gilmor St ST.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. December (Month) 23 (Day), 1850 (Year)

7-AGE. 58 yrs. 10 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Surrey Co. Va

PARENTS.

10-NAME OF FATHER. Samuel Lewis

11-BIRTHPLACE OF FATHER (State or Country). Pappahanock Va

12-MAIDEN NAME OF MOTHER Maria Jane Scott

13-BIRTHPLACE OF MOTHER (State or Country). Pappahanock Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward A. Lewis

(Address) 423 N. Gilmor St

15-

Filed NOV 16 1915, 191... MARIE C. ARMENTI, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 14th - (Month) (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 11th 1915, to Nov 14th 1915, that I saw her alive on Nov 14th 1915, and that death occurred, on the date stated above, at 2.20 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) Milton Goldman M. D.

, 191... (Address) 526 N. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery — DATE OF BURIAL. Nov 16 1915

20-UNDERTAKER Alfred J. Freeland — ADDRESS 1145 Madison Ave

CAUSE OF DEATH should be plainly stated. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

C89651 × 64 C89651

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Thomas H. Houghton

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs.,....mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, July 14, 1841. (Month) (Day) (Year)

7-AGE, 74 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Genl Insurance
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, John Houghton

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Alice Hill

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- NOV 16 1915 Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 16, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 10 1915, to November 16 1915, that I saw h alive on November 16 191 5, and that death occurred, on the date stated above, at 2.52 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, with
right Hemiplegia & Aphasia
(Duration) 6 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) From Late Hypertrophy
(Duration) 3 yrs. mos. ds.

(Signed) Bulkley Smith M. D.

Nov 16, 191.5. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 7 East 11th St Charlotte N.C

19-PLACE OF BURIAL OR REMOVAL, Charlotte N C. DATE OF BURIAL, Nov 16, 191.5.

20-UNDERTAKER Albert C Fuller ADDRESS 721 N Broadway

Use typewriter in making entries, if that is convenient. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of Second St. Canton St. 1 WARD)

REGISTERED No. C 164

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black,	Unknown

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, about 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Unknown .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Unknown .....

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- NOV 16 1915 Filed ....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... November 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.)
..... find that said deceased came to ..... death on the day stated above.
The CAUSE OF DEATH* was as follows:

..... Probably Accidental Drowning ....
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... W. A. Power ..... M. D.
(Coroner.)
Nov. ....., 1915. (Address) ..... 710 E. O'Donnell St. .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
.....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	NOV 10 1915 ....., 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

C89653

HEALTH DEPARTMENT--CITY OF BALTIMORE

C89653

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 811 Pier 7. ST. 22 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., Baltimore mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Unknown

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, about 45 yrs. — mos. — ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown .....
(b) General nature of industry, business, or establishment in which employed (or employer)... Unknown .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed NOV 16 1915, 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... November 2 ....., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... inquest ..... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Probably Accidental Drowning .....

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... D. W. Jones ..... M. D.
(Coroner)

Nov. 14, 1915. (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	NOV 16 1915, 19....
20-UNDERTAKER	ADDRESS
Commissioner Health.	

SAFETY FILM

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89657 C89657

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Church Home Infirmary ST.; [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Susan M Crapster

(Residence in Baltimore: No. 2317 Madison ave St., Life yrs.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Feby 1 (Month) (Day), 1829 (Year)

7-AGE, 86 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Jesse Hunt

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Margaret Jundt

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert M. Hunt

(Address) Odenton Md.

15- NOV 16 1915 ROBERT KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 16 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 1915, to Nov 16 1915, that I saw her alive on Nov 16 1915, and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

Paralysis

Heart Insufficiency

Arteriosclerosis

(Duration) Two yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thomas Hall Stark M. D.

Nov 16, 1915. (Address) Church Home P.O.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. — ds. In the State life yrs. mos. ds.

Where was disease contracted, if not at place of death? 2317 Mad. Ave

Former or usual residence 2317 Mad. Ave

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. — DATE OF BURIAL, Nov. 17 1915

20-UNDERTAKER Wm. Mitchell & Co. — ADDRESS 1 & W. Lafayette

Property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89653

CERTIFICATE OF DEATH.

C89653

1-PLACE OF DEATH Hahnemann Gen Hospital — REGISTERED NO. C 19

CITY OF BALTIMORE: (No. 2127 N. Mount ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Ida V. Provost

(Residence in Baltimore: No. 841 W. Fayette St.; 52 yrs., 7 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED,~~ OR ~~DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH. April 9, 1863 (Month) (Day) (Year)

7-AGE. 52 yrs. 7 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Collector & Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Fur Dyeing Mfg. Co.

9-BIRTHPLACE, (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. George Wilson

11-BIRTHPLACE OF FATHER (State or Country). New York City

12-MAIDEN NAME OF MOTHER. Agnes Marion

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie A. Wilson

(Address) 841 W. Fayette St.

15- Filed NOV 16 1915, 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 15th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7th 1915, to Nov. 15th 1915, that I saw her alive on Nov 15th 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope due
to Chronic Myocarditis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(Duration) Many years yrs. mos. ds.

(Signed) M. D.

Nov. 16, 1915. (Address) 1127 N. Mount St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 8 ds. In the State 52 yrs. 7 mos. 6 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 841 W. Fayette St.

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem. DATE OF BURIAL, Nov. 18, 1915.

20-UNDERTAKER Jos D Cook ADDRESS 1003 West Baltimore St.

CAUSE OF DEATH to be plainly stated, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Edwin D. Hopper

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89659 C89659

CERTIFICATE OF DEATH.

8 64

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. University Hospital ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin D. Hopper

(Residence in Baltimore: No. 249 Loudon Ave St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, unknown, 1900
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
55 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ohio U.S.

PARENTS.

10-NAME OF FATHER, Robt. D. Hopper

11-BIRTHPLACE OF FATHER (State or Country), Ohio U.S.

12-MAIDEN NAME OF MOTHER Mary F. Tanner

13-BIRTHPLACE OF MOTHER (State or Country), Ohio U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Hopper

(Address) 249 Loudon Ave.

15- NOV 16 1915 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 17, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14, 1915, to Nov 17, 1915, that I saw h alive on Nov 15, 1915, and that death occurred, on the date stated above, at 8 1 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

(Signed) Ernest L. Wedemeyer M. D.

11-15-, 191 5 (Address) Homewood Apts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 249 Loudon Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Nov. 18, 1915
20-UNDERTAKER C. W. Dill	ADDRESS 3109 Forest Ave

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

64 C89660

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H Yeppe

(Residence in Baltimore: No. 18 E Franklin St. St.; 68 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... 1847 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... machinist

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, W. H. Yepp

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Howard

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Demarco

(Address) Univ. Hospital

15- NOV 16 1915 ROBERT , KRAUTER,
Filed ..... 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 11 ..... 10 ; 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-10 1915, to 11 10 1915, that I saw him alive on 11-16 1915, and that death occurred, on the date stated above, at 4.00 p. m.

The CAUSE OF DEATH* was as follows:

..... Apoplexy .....
....
..... (Duration) ..... yrs. ..... mos. 1 hr. ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. D. Rusk M. D.

11-10 ....., 1915. (Address) Univers Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 hr. In the State 68 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 18 E Franklin St City

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	Nov. 17, 1915

20-UNDERTAKER	ADDRESS
John J Fields	1200 N Howard St

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

41

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 300 S. Norris ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Irwin M. LeBon.

(Residence in Baltimore: No. 300 S. Norris St.: 28 yrs. 11 mos. 29 ds.)

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	single

6 DATE OF BIRTH November 17, 1887
(Month) (Day) (Year)

7 AGE 28 yrs. 11 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work none.
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Edward LeBon

11 BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Nellie Sandrock.

13 BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward LeBon

(Address) 300 S. Norris do.

15. ROBERT . KRAUTER,
FILED NOV 16 1915 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 15, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15. 1915. to. November 15 1915.
that I saw h im alive on November 12. 1915.
and that death occurred, on the date stated above, at 7.00 P.m.
The CAUSE OF DEATH* was as follows:

Carcinoma of intestines & lungs.
Clinical Diagnosis
(Duration) 1 yrs. 6 mos. — ds

Contributory (SECONDARY) none
(Duration) — yrs. — mos. — ds.

(Signed), Chester Ruland M. D.
11-16-, 1915 (Address) 2532 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: Nov 18, 1915

20 UNDERTAKER: John J. Fields, 1003½ Lombard st — ADDRESS

(over)

Spec.—5-19-13—M. & T.—500 Bks.

C89662 C89662 C89662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Union Protestant Infirmary 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sigmund C. Wasson

(Residence in Baltimore: No. Nanwood Cookerham Ave. St.) (Age: yrs. 50 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 5 (Day), 1865 (Year)

7-AGE, 50 yrs. 7 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Samuel Wasson

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Carson

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. W. Tunney

(Address) Bel Air Md.

15- Filed NOV 17 1915, 191.. HARRY C. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 22 1915, to June 16 1915, that I saw h alive on June 16 1915, and that death occurred, on the date stated above, at 6 0 m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) yrs. mos. ds.

(Signed) Thomas S. Chaffee M. D.

June 16, 1915. (Address) Thomas Road Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 6 ds. In the State 35 yrs mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Govans, Md.

19-PLACE OF BURIAL, OR REMOVAL, Churchville Md. DATE OF BURIAL, June 18, 1915

20-UNDERTAKER E. H. Mitchell & Co ADDRESS 120 N. Fayette

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89663

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Calhoun ST.; 19 WARD) REGISTERED NO. C

2-FULL NAME George Filbert

(Residence in Baltimore: No. 126 N. Calhoun St.; 72 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, April 9th (Month) (Day), 1843 (Year)

7-AGE, 72 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Retired Merchant (b) General nature of Industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto.

PARENTS.

10-NAME OF FATHER. Geo. A. Filbert

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Dorothy Messner

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Alice Filbert

(Address) 126 N. Calhoun St.

15- Filed NOV 17 1915, 191 HENRY O ANDREAS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1915, to date of death, that I saw h[im] alive on Nov 15th 1915, and that death occurred, on the date stated above, at 6:10 a. m.

The CAUSE OF DEATH* was as follows:

Death was from Pneumonia

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) D. L. Evans M. D.

Nov 16, 191... (Address) 827 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, Nov 18th, 1915

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 1214 Fayette

CAUSE OF DEATH must be plainly stated, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89664

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89664

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2145 Walbrook Ave ST.; 15 WARD) REGISTERED NO. C 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexina E. Tucker

(Residence in Baltimore: No. 2145 Walbrook Ave St.; 84 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, January (Month) (Day) 1831 (Year)

7-AGE, 84 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. E. Wilson

(Address) 1635 Edmondson Ave.

15- Filed NOV 17 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1915, to November 15 1915, that I saw h er alive on September 15 1915, and that death occurred, on the date stated above, at 8 00 Fm.

The CAUSE OF DEATH* was as follows:

a Chronic Bronchitis.

(Duration) — yrs. 7 mos. 3 ds.

CONTRIBUTORY (Secondary) Old age

(Duration) — yrs. — mos. — ds.

(Signed) C. W. Hoffman M. D.

Nov. 16, 1915. (Address) 1210 W. Northern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Nov. 18, 1915

20-UNDERTAKER Eug. Mitchell & Co. — ADDRESS 201 N. Fayette

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 C89665

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 Chase St ST.: 21 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clinton J. Cooper

(Residence in Baltimore: No. 831 Chase St St.: 50 yrs.. mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1820 (Year)

7-AGE, 87 yrs. — mos. — ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edwin J. Cooper

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mary A. Chambers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Cooper

(Address) 831 Chase St

15-

Filed NOV 17 1915, 191.....

HARRY C ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Nov 14 1915, that I saw h— alive on Nov 14 1915, and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma

from Pharynx

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Charles H. Fowler M. D.

Nov 14 1915. (Address) 717 E. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery — DATE OF BURIAL, Nov 17, 1915

20-UNDERTAKER John H. Toadvine — ADDRESS 1420 Hill St

CAUSE OF DEATH must be plain words, as there may be property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89666 186 C89663

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N. 36th St.; ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludora Vanpelt

(Residence in Baltimore: No. 815 N. 36th St. St.: 20 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. 12, 1833
(Month) (Day) (Year)

7-AGE, 81 yrs. 11 mos. 3 da. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Curtis Gosnell

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary Phillips

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. C. Vanpelt

(Address) 817 N. 36th St.

15- NOV 17 1915 ROBERT O. ARCHER, Clerk.
Filed....., 191... Asst. Registrar.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 15, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 191 5, to Nov 15 191 5, that I saw her alive on Nov 14 191 5, and that death occurred, on the date stated above, at 1:25 Am.

The CAUSE OF DEATH* was as follows:

Chron Endocarditis Cor Pulmonale
Arteriosclerosis Generalized
Dropsy Abdomen Extremities
Body (Contracted 4 Years)
(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. da.

(Signed) Addie Vanpelt M. D.
Nov 15, 191 5 (Address) 3843 Falls Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge | DATE OF BURIAL, Nov. 17, 1915

20-UNDERTAKER Horace Burgee & Son | ADDRESS 3631 Falls Rd.

CAUSE OF DEATH must be plainly stated, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89667 C89667

CERTIFICATE OF DEATH.

191-91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3629 Park Heights Ave 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Edwin Straw Jr

(Residence in Baltimore: No. 3629 Park Heights St.; ....yrs., ...mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, Oct (Month) 19 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
— yrs. — mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, Chas Edwin Straw

11-BIRTHPLACE OF FATHER (State or Country). Balto city

12-MAIDEN NAME OF MOTHER Mary C. O'Neill

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Edwin Straw

(Address) 3629 Park Heights

15-

Filed NOV 17 1915, 191. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 191 5, to Nov 16 191 5, that I saw him alive on Nov 16 191 5, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Primary)

..... (Duration).....yrs.....mos. 7 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Wilton J. Howard M. D.

Nov 16, 191 5. (Address) 711 N. Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Nov 17, 1915
20-UNDERTAKER	ADDRESS
William Cook	602 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1309 N. Woolyear street, ST. 15 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Priscilla Coleman,

(Residence in Baltimore: No. 1309 N. Woolyear street, St. — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, ...Unknown, ..., /.... (Month) (Day) (Year)

7-AGE, ...27?....yrs....?...mos....?...ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Housekeeper,.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, James Coleman,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Hester Sheppard,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Madie Wood, cousin,

(Address) 1136 Shiell street.

15-NOV 17 1915 MARK D. ANDREWS Burial Permit Clerk

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...November 15th., 1915.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Valvular heart disease,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Koenigs M. D. (Coroner.)

Nov. 17., 191.5. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mullikin Sta. P. S. Fro. Co	Nov. 17, 1915
20-UNDERTAKER E. B. Hale	ADDRESS 115 E West St

I. 2. Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 — 92 — C89669

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 32 S. Ellwood Ave. ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholaus Gunther

(Residence in Baltimore: No. 32 S. Ellwood Ave. St.; 63 yrs., ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: May 31st, 1832 (Month) (Day) (Year)

7-AGE: 83 yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country): Germany,

PARENTS.

10-NAME OF FATHER: John Gunther

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Gunther

(Address) 32 S. Ellwood Ave.

15- Filed NOV 17 1915, 191... MARK O. ANDERSON, Assistant [illegible] Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9 1915, to November 16 1915, that I saw h— alive on November 16 1915, and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 7 ... ds.

CONTRIBUTORY (Secondary) Cardiac failure -

(Duration) ... yrs. ... mos. 1 ... ds.

(Signed) Dr. H. C. Brown M. D.

Nov 17, 1915. (Address) 125 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL, Nov. 17, 1915

20-UNDERTAKER: Lilly & Feiler ADDRESS: 403 N. Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89670 C89670

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 27 Madeira ST: 1 WARD) REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Katharine Kunkel

(Residence in Baltimore: No. 27 S. Madeira St.: 73 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Feb. (Month) 17 (Day), 1823 (Year)

7 AGE: 92 yrs. 9 mos. — ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany.

PARENTS

10 NAME OF FATHER: John Hesser

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Catharine Dietrich

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adam George

(Address) 619 E. Milton Ave

15 Filed NOV 17 1915, 191 HARRY D. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 17 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1915, to. Nov. 17 1915, that I saw h[er] alive on Nov. 14, 1915, and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Mitral Insufficiency

(Duration) yrs. mos. ds.

(Signed), H. B. Stokes M. D.

Nov. 17, 1915 (Address) 200 N. Patterson Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Hill Cem. DATE OF BURIAL: Nov. 20, 1915

20 UNDERTAKER: Jos. C. Zile ADDRESS: 403 S. Wolfe St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89671 C89671

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 863 Vine St (ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T Bedford

(Residence in Baltimore; No.) 863 Vine St.; 35 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Dont Know (Month) (Day), 1850 (Year)

7-AGE, About 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary

9-BIRTHPLACE, (State or Country), Cumberland Md

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Bedford

(Address) 823 Vine St

15-

Filed NOV 17 1915 HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1915, to Nov 14 1915, that I saw h[illegible] alive on Nov 14 1915, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Total Insanity

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) yrs. mos. ds.

(Signed) Shepherd Brown M. D.

Nov 16, 1915 (Address) 122 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 11 17, 1915

20-UNDERTAKER Samuel H Kemler — ADDRESS 5 E Middle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

89677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x175

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L. Harrison

(Residence in Baltimore: No. York Road Govans Md

St. ..yrs.. ..mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 3rd (Day), 1863 (Year)

7-AGE, 52 yrs. 6 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, James C Harrison

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sara J Trozier

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elijah J Russell M D attnd

(Address).....

15- NOV 17 1915 HENRY O ANDREWS, Registrar

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 15th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) (Unavoidable accident) struck by an Automobile (Duration).....yrs.....mos.....ds.

(Signed) Elijah J Russell M. D. (Coroner.)

Nov 17th, 191.5 (Address) 414 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Govans Md

19-PLACE OF BURIAL OR REMOVAL, Govans Presbyterian Cemetery

DATE OF BURIAL, Nov 18th, 1915

20-UNDERTAKER Henry W Jenkins Sons Co

ADDRESS 1 Orchard St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89673

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89673

CERTIFICATE OF DEATH

79

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 523 N. Gilmor ST.: 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs Minnie Belle Melanor

(Residence in Baltimore: No. 523 N. Gilmor St.: Lifetime yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6 DATE OF BIRTH: July (Month) 15 (Day), 1872. (Year)

7 AGE: 43 yrs. 7 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore.

PARENTS

10 NAME OF FATHER: Jerua Crowley.

11 BIRTHPLACE OF FATHER (State or country): Penn

12 MAIDEN NAME OF MOTHER: Elizabeth Briggs

13 BIRTHPLACE OF MOTHER (State or country): Penna.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Clara Crowley

(Address) 523 N. Gilmor St.

15 Filed SEP 27 1915, 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 16 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1914, to Nov 16, 1915; that I saw her alive on Nov 16, 1915; and that death occurred, on the date stated above, at 9 A. P. m.

The CAUSE OF DEATH* was as follows:

Nephritis + Mitral regurgitation.

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Arthritis deformans.

(Duration) about yrs. mos. ds.

(Signed), W Baumgartner, M. D.

Nov. 17, 1915. (Address) 626 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov 18, 1915

20 UNDERTAKER	ADDRESS
Wm J Tilden & Son	Norman Ave

C89674

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C89674

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Rachels a Home 3091 Hanover St. ST.: 6 WARD)

REGISTERED No. C.....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Robert Halloran

(Residence in Baltimore: No. 133 N. Conn St. St.: 2 yrs. 2 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: ~~Oct~~ Aug 29, 1913 (Month) (Day) (Year)

7-AGE: 2 yrs. 2 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Bartley Halloran

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Minnie Haffer

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bartly Halloran

(Address) 133 N. Conn St

15- ROBERT . KRAUTER,

Filed NOV 17 1915 Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 16, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1915, to Nov 16 1915, that I saw h~~im~~ alive on Nov-16, 1915, and that death occurred, on the date stated above, at 5.30 p.m.
The CAUSE OF DEATH* was as follows:

Broncho- Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John S. Bishop M. D.

Nov. 16, 1915. (Address) 828 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. 6 ds. In the State Md. yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? 133 N. Conn St
Former or usual residence 133 N Conn St.

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov 18, 1915

20-UNDERTAKER: Henry Keck & Son — ADDRESS: 1301 E Eager St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89675

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

C89675

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Walker ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Watson.

(Residence in Baltimore: No. 1608 Walker St.; 0 yrs., 0 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 9, 1915
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland Balto

PARENTS.

10-NAME OF FATHER, Bernard Watson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Estelle Barrett

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Prescott S. Tucker, M.D.

(Address) Johns Hopkins Hospital

15- Filed NOV 17 1915, 191.. ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 9 1915, to Nov 16 1915, that I saw her alive on Nov. 16 1915, and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

Premature Infant

..... (Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) 0 yrs. 0 mos. 1 ds.

(Signed) [illegible] M. D.

Nov 17, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 17, 191..

20-UNDERTAKER Chas G Bailey — ADDRESS 47 Hillsdale Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89675 C89676

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Mulcahy

(Residence in Baltimore: No. 914 W Fayette Street St.; 50 yrs.. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1 (Year)

7-AGE, 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Horse-leader
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, ? Unknown

11-BIRTHPLACE OF FATHER (State or Country), ? Unknown

12-MAIDEN NAME OF MOTHER ? Unknown

13-BIRTHPLACE OF MOTHER (State or Country), ? Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Boyd

(Address) Johns Hopkins Hosp.

15- Filed NOV 17 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 15th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 9th 1915, to Nov. 15th 1915, that I saw h[im] alive on Nov. 15th 1915, and that death occurred, on the date stated above, at 8:05 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum at junction of rectum & sigmoid (Autopsy)

(Duration) 1 yrs. 1 mos. 2 ds.

CONTRIBUTORY. (Secondary) Carc. of liver (metastatic)

(Duration) yrs. 3 mos. ds.

(Signed) D. R. Mason M. D.

Nov. 15th, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 9 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 914 W Fayette Street.

19-PLACE OF BURIAL OR REMOVAL. Baltimore Co. DATE OF BURIAL, Nov. 18, 1915.

20-UNDERTAKER W. F. Fahey & Sons ADDRESS 1316 Light St.

Maryo Potryraj

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C89677

C89677

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2638 Hudson St.: 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maryo Potryraj

(Residence in Baltimore: No. 2638 Hudson St.)

St.: 1 yrs., 4 mos. 29 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 19 (Day), 1914 (Year)

7-AGE, 1 yrs. 4 mos. 29 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stephen Patryraj

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Nova Waynikowska

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stephen Patryraj

(Address) 2638 Hudson St

15- Filed NOV 17 1915 1914 ROBERT KRAUTER, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 17 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxic Uremia

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) N. A. Powell (Coroner.) M. D.

Nov 17, 1915 (Address) 3116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St Stanislaus Cem	Nov 18 1915
20-UNDERTAKER Stephen J Fialkowski	ADDRESS 1014 N Howard St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89673 C89678

CERTIFICATE OF DEATH.

71

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 605 S. Monford Ave ST.; 1 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Adam Joseph Kascak

(Residence in Baltimore: No. 605 S. Monford Ave St.; yrs., mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 8, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Kascak

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josephine

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Szwanski

(Address) 2639 Hudson St

15- Filed NOV 17 1915, 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 17, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1915, to Nov 17 1915, that I saw h— alive on Nov 17 1915, and that death occurred, on the date stated above, at 5:45 m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) 2 yrs. mos. ds.

(Signed) W Kryzanek M. D.

Nov 17, 1915. (Address) 2008 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. ds. In the State ....yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	Nov 18, 1915
20-UNDERTAKER Stephen J Kraikowski	ADDRESS 1019 O'Donnell

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89679 — 113 — C89679

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1020 E. Fort ave ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Marcellus Trapp

(Residence in Baltimore: No. 1020 E. Fort ave St.; 50 yrs., 2 mos. 8 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Sept. 7, 1865 (Month) (Day) (Year)

7-AGE, 50 yrs. 2 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Transfer Shop.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Livery Business

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, Blazius Trapp

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Trapp

(Address) 1020 E. Fort Ave.

15- Filed NOV 17 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Nov. 15, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 - 1915, to Nov. 15 - 1915, that I saw h[illegible] alive on Nov. 15 - 1915, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Ill

(Duration) yrs. 3 mos. 10 ds.

CONTRIBUTORY (Secondary) Dropsy

(Duration) yrs. 2 mos. 15 ds.

(Signed) [illegible] M. D.

Nov. 18, 1915. (Address) 1228 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Cross Cemetery

DATE OF BURIAL, Nov. 18, 1915

20-UNDERTAKER H. F. McDermott Flynn

ADDRESS 1422 Eutaw St

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89680 — 120 — C89680

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 2620 St Benedict St.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hammer

(Residence in Baltimore: No. 2620 St Benedict St.: 34 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 21 (Day), 1845 (Year)

7-AGE: 70 yrs. 4 mos. 25 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired oil
(b) General nature of industry, business, or establishment in which employed (or employer): dealer

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: August Hammer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia Hammer

(Address) 2620 St Benedict

15. Filed NOV 17 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 17 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1915 to Nov 16 1915 that I saw him alive on Nov 16, 1915 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) Endocarditis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), Asa L Wessels M. D.

Nov 16, 1915 (Address) 2565 Frederick ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Nov 20, 1915

20-UNDERTAKER: F B Wagner — ADDRESS: 2138 Frederick Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89681 66 C89681

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 302 W. Preston ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Geo M Prichard

(Residence in Baltimore: No. 302 W Preston ST.: 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wht

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: December 5, 1824 (Month) (Day) (Year)

7 AGE: 90 yrs. 11 mos. 11 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Cake

9 BIRTHPLACE (State or country): England

PARENTS

10 NAME OF FATHER: Geo E Prichard

11 BIRTHPLACE OF FATHER (State or country): France

12 MAIDEN NAME OF MOTHER: Ann Lewis

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E J Prichard

(Address) 302 W Preston St

15 NOV 17 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 16 (Day), 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 191 , to Nov 16 191 ,
that I saw h... alive on Nov 16 , 191 ,
and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows:

Paraplegia senility

(Duration) ... yrs. ... mos. 7 ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed), G Lane Tanyhill M. D.

..., 191 ... (Address) 1103 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Nov 19 1915

20 UNDERTAKER: Jos B Cook ADDRESS 1003 West Balto St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89682 ✝64 C89682

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Hosp. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry S. Turner.

(Residence in Baltimore: No. Union Protestant Infirmary St.; yrs. mos. 8 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 21st, 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. 8 mos. 27 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Whiskey Inspector.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington Co. Md.

PARENTS.

10-NAME OF FATHER, John J. Turner.

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Margaret Moxley.

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma C. Turner

(Address) Hancock Md.

15- NOV 17 1915 ROBERT . KRAUTER, Registrar.
Filed ....., 191.. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 17, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9. 1915, to Nov 17 1915, that I saw h in alive on Nov 17 1915, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage following
Cerebral Arterio sclerosis

(Duration) 3 hours

CONTRIBUTORY (Secondary) Cerebral arterio sclerosis

(Duration) 1 yrs. mos. da.

(Signed) O. E. Wagner M. D.

Nov. 17, 1915. (Address) Union Prot. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death? At place of death.

Former or usual residence Hancock, Washington Co. Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hancock Md.	Nov. 18, 1915

20-UNDERTAKER Jas. B. Cook ADDRESS 1003 E. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89683

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C89683

1 PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME John Stettler

(Residence in Baltimore: No. Little Sisters of the Poor St.; 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male | 4-COLOR OR RACE White | 5-~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word) Widower

6-DATE OF BIRTH ~~Dec~~ Nov, 1 (Month) (Day) (Year)

7-AGE about 77 yrs. mos. ds. | If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Hendrew Stettler

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Mary Foke

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- NOV 18 1915 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov 17 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Nov~~ ....., 191..., to, Nov 15 191 5, that I saw h.m alive on Nov 15 191 5, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

10 days (Duration) yrs mos. ds.

Contributory (SECONDARY) Arterio sclerosis

(Duration) — yrs — mos. — ds.

(Signed), F. J. Warner M. D.

Nov 17, 191 5 [Address] 1633 Hollins St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 4 yrs 2 mos ds. In the State 60 yrs mos ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL Holy Redeemer Cemetery | DATE OF BURIAL Nov 20 1915

20-UNDERTAKER Henry Horn & Son | ADDRESS 1301 E Eager St

SUPPLEMENTAL. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

S 110

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 206 N. Schroeder ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie V Hunt

(Residence in Baltimore: No. 206 N. Schroeder St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. ..... 1865 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Hardware .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Daniel Hunt

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Lee Hunt

(Address) 206 N. Schroeder St

15- NOV 18 1915 HENRY D. ROBERTS, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov / 16 ....., 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 14th 1915, to Nov. 16th 1915, that I saw h— alive on Nov. 15th 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia

..... (Duration)..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Senile Nephritis

Cystitis (Duration)..... yrs. 4 mos. ..... ds.

(Signed) A. Lee Elbin M. D.

11/17, 1915. (Address) 92 E Mulberry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Nov 18, 1915

20-UNDERTAKER Felix B. Pyle — ADDRESS 102 E. Mulberry St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89685

79

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1152 E. North Ave. ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E. Delaney

(Residence in Baltimore: No. 1152 E. North Ave St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, July 16, 1857
(Month) (Day) (Year)

7-AGE, 58 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Boston Mass.

PARENTS.

10-NAME OF FATHER, Edw. Delaney

11-BIRTHPLACE OF FATHER (State or Country) Boston Mass

12-MAIDEN NAME OF MOTHER Winefred Delaney

13-BIRTHPLACE OF MOTHER (State or Country), Boston Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Delaney

(Address) 1152 North Ave

15- NOV 18 1915 Filed, 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 16, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1915, to Nov 16 1915, that I saw h alive on Nov 16 1915, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

(Signed) Harry E. Bruden M. D.

Nov 17, 1915. (Address) 1152 North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Nov 18 1915.

20-UNDERTAKER Geo. M. Frank ADDRESS 811 N. Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89686

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C89686

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2018 N. Payson ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine M Huggins

(Residence in Baltimore: No. 2018 N. Payson St.; 46 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 17 1869 (Month) (Day) (Year)

7-AGE: 46 yrs. 8 mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Agnus

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Shade

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John E Huggins

(Address) 2018 N. Payson

15- NOV 18 1915 MARY O ANDREWS, Burial Permit Clerk

Filed ....., 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 16, 1915 (Month) (Day), (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8, 1915, to Nov 16 1915, that I saw h.. alive on Nov 15 1915, and that death occurred, on the date stated above, at 6.15 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) 3 yrs mos ds.

Contributory (SECONDARY) Et. Cancrum

(Duration) yrs mos ds.

(Signed) Harry Houck M.D. M. D.

Nov 16 1915 [Address] 2018 N. Payson

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Nov 18 1915

20-UNDERTAKER: Daniel Easton — ADDRESS 216 Penna ave

TION is very important. See instructions on back of certificate.

that it may be properly classified. Exact statement of OCCUPA-

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 (89687)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 7 E Pleasant ST.; 4 WARD) REGISTERED NO. C

2-FULL NAME Joseph O. Cauce

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 7 E Pleasant St.; 50 yrs. — mos. — da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 15, 1865
(Month) (Day) (Year)

7-AGE, 64 yrs. 8 mos. 7 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco Merchant

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Cauce

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Hopkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bruce O Cauce

(Address) 7 E Pleasant

15-
NOV 18 1915
Filed....., 191.... HENRY G. ATKINSON
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 15, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 9 1915, to Nov 15 1915, that I saw h[illegible] live on Nov 15 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary) Acute Gastro Intestinal

(Duration) yrs. mos. da.

(Signed) H. B. Thurston M. D.

Nov 16 1915 (Address) 700 E Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Green Mt. | DATE OF BURIAL, Nov 18, 191.

20-UNDERTAKER W. J. Packard & Son | ADDRESS Hooker

Dr Talbert
100 E Cathedral

Spec.—5-19-13—M. & T.—500 Bks.

C89683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C89683

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 36 E. Williamson ST.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Broening

(Residence in Baltimore: No. 36 E. Williamson St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. Nov. (Month) 9 (Day), 1843 (Year)

7-AGE. 72 yrs. mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Henry Heine

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Elizabeth Smith

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Amelia Schenkel

(Address). 36 E Williamson St

15-

Filed NOV 18 1915, 191. BERT O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1915, to Nov. 17 1915, that I saw her alive on Nov 16 1915, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

Several hours

(Duration) yrs. mos. ds.

CONTRIBUTORY. Pneumonia (Senile)
(Secondary)

(Duration) Serially 5 yrs. mos. ds.

(Signed) Elizabeth Ewell M. D.

Nov. 18, 1915. (Address) 905 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL. Nov. 20, 1915.

20-UNDERTAKER. Armstrong Denny Co

ADDRESS. 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89689 C89689

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 S. Potomac ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Newman F. Auld

(Residence in Baltimore: No. 123 S. Potomac St.; ..... yrs. 7 mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Apr. 15th, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Wm F. Auld

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lottie E. Haynie

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm F. Auld

(Address) 123 N. Potomac

15-

NOV 18 1915 DEPT. OF HEALTH

Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 15 1915, to Nov. 16 1915, that I saw him alive on Sept. 15 1915 and that death occurred, on the date stated above, at 1145 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Marasmus

..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) A. R. W. Dryden M. D.

Nov. 18, 1915. (Address) 2738 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park — DATE OF BURIAL. Nov. 19, 1915

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89690 C89690

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 N Collington Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. H. Byer

(Residence in Baltimore: No. 945 N Collington Ave St.; Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Nov 6th, 1868 (Month) (Day) (Year)

7-AGE. 47 yrs. mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Iron
(b) General nature of industry, business, or establishment in which employed (or employer). Moulder

9-BIRTHPLACE, (State or Country). City

PARENTS.

10-NAME OF FATHER. Geo. Byer

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sohnia Byer

(Address) 945 N. Collington

15- Filed NOV 18 1915 191.... HARRY O. ROGERS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 15, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27th 1915, to Nov 15th 1915, that I saw h[illegible] alive on Nov 14th 1915, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

1. Tuberculosis: mitral insufficiency
2. Lungs

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Tub a Renalis

(Duration) yrs. mos. ds.

(Signed) Edward Dittmeyer M. D.

Nov 16, 1915. (Address) 208 Augusta

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto Cem

DATE OF BURIAL. Nov 18, 1915

20-UNDERTAKER Philip Herwig

ADDRESS 20 N Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

C89691 C89691

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

94

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1329 Pinkton ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann F Flannery

(Residence in Baltimore: No. 1329 N Pinkton St St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: [illegible] (Month) (Day) 1 (Year)

7-AGE: about 78 yrs. mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: John Mc Mahon

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Nancy Campbell

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Bessie Conroy

(Address) 1349 N Stark m St

15- Filed NOV 18 1915 Chas. O. Middleton Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November (Month) 17 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12, 1915, to, Nov 17 1915, that I saw h.. alive on Nov 17 1915, and that death occurred, on the date stated above, at 7-40 m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Hypostatic Patches)

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Exhaustion Cardiac Asthenia

(Duration) yrs. mos. ds.

(Signed) Henry B Houck M. D.

Nov 17, 1915. [Address] 1924 Wyant Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Nov 20, 1915

20-UNDERTAKER: M. Fahey & Sons — ADDRESS: 506 Lafayette Ave

TION is very important. See instructions on back of certificate. he properly classified. Exact statement of OCCUPA-

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KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C89692

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N. Charles ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marian Gilmor Howard

(Residence in Baltimore: No. 918 N. Charles St.; Life yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: February (Month) 23 (Day), 1824 (Year)

7-AGE: 91 yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lady
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Benjamin Chew Howard

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Jane Gilmor

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. C. Howard

(Address) 918 N. Charles St

15- NOV 18 1915 HEALTH DEPARTMENT BUREAU OF RECORDS

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1914, to November 16th 1915, that I saw h[er] alive on November 16th 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 6 yrs. ... mos. ... ds.

(Signed) A. Duval Atkinson M. D.

Nov 17, 1915. (Address) 921 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 918 N. Charles St

Former or usual residence 918 N. Charles St

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Friday 19 Nov., 1915

20-UNDERTAKER: Geo. W. Jenkins Son & Co. ADDRESS: Orchard and Keswick

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 89693 — 28 — C 89693

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1546 Argyle Ave ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary De'Diego

(Residence in Baltimore: No. 1546 Argyle ave. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
female	Colerd	married

6-DATE OF BIRTH, dont no Unknown, 1 (Month) (Day) 41 (Year)

7-AGE.	If LESS than 1 day,
41 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) — —

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Cuffey

11-BIRTHPLACE OF FATHER (State or Country): u.d.

12-MAIDEN NAME OF MOTHER Rebeca grace

13-BIRTHPLACE OF MOTHER (State or Country), u.d.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) manuel dentigo

(Address) 1546 argile ave

15-

Filed NOV 18 1915, 191.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 22nd. 1915, to Nov 16th. 1915, that I saw h[illegible] alive on Nov 11- 1915, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial's Acute

Tuberculosis Pulmonary

(Duration) 4 wks. yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) [illegible] yrs. mos. ds.

(Signed) E. Mayfield Day M. D.

Nov 18, 1915 (Address) 1546 Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn Cemetery	Nov 18, 191[illegible]
20-UNDERTAKER	ADDRESS
Fabian H Todrin	142 Hill st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C89694

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Vine ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephus Clardy

(Residence in Baltimore: No. 1813 Vine St

St.; 39 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Nov (Month) 15 (Day) 1876 (Year)

7-AGE, 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), U.S. Balto City

PARENTS.

10-NAME OF FATHER, Charles Clardy

11-BIRTHPLACE OF FATHER (State or Country), U.S. Md.

12-MAIDEN NAME OF MOTHER Nancy —

13-BIRTHPLACE OF MOTHER (State or Country), U.S. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Clardy

(Address) 1813 Vine st

15-

Filed NOV 18 1915, 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 15 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Nov 15 1915, that I saw h— alive on Nov 15 1915, and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronar Arthritis

(Duration) yrs. 1 mos. ds.

(Signed) E. D. Cronkhite M. D.

Nov 16 1915 (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 18, 1915

20-UNDERTAKER James H. Dennis — ADDRESS 30 Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89695

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

CERTIFICATE OF DEATH.

Registered No. C 89695

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1312 N. Stricker st. St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie Smackum,

(Residence in Baltimore: No. 1312 N. Stricker st. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male,	Colored,	Widowed,

6-DATE OF BIRTH, ...Unknown, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 64? yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Laborer.....
(b) General nature of industry, business, or establishment in which employed (or employer).....farm work,.....

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Basil N. Smackum,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Mary Walker,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Harris, daughter,

(Address) 1312 N. Stricker street.

15- Filed NOV 18 1915, 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...November....15th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an....inquiry.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.)
inquiry....find that said deceased came to.his death on the day stated above.
The CAUSE OF DEATH* was as follows:

.....Arteriosclerosis,.....
.....(Cerebral).....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....
..... (Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)
Nov. 16, 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, Nov. 19. 1915.
Mt. Lebanon Cemetery

20-UNDERTAKER James T. Davis ADDRESS 130 E. Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89696 — 089696

CERTIFICATE OF DEATH.

8 — 50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1149 W.Cross St., ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Elliot,

(Residence in Baltimore: No. 1149 W.Cross St., St.; life time, yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, white,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married,

6-DATE OF BIRTH, Feb. (Month) 14th. (Day) 1865. (Year)

7-AGE, 50 yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Bernard Harman,

11-BIRTHPLACE OF FATHER (State or Country). Germany,

12-MAIDEN NAME OF MOTHER Jeannette Hess,

13-BIRTHPLACE OF MOTHER (State or Country). Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Elliot,

(Address) 1149 W.Cross St.,

15- NOV 18 1915

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 17th. (Day) 191 5 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 191.., to Nov 17 1915, that I saw h e alive on Nov 16 1915, and that death occurred, on the date stated above, at 2 30 a.m.

The CAUSE OF DEATH* was as follows: Diabetes

..... (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....

..... Duration yrs. mos. ds.

(Signed) ..... M. D.

Nov. 17 191 5 (Address) 111 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cheb Shalom, Ocm — DATE OF BURIAL. Nov. 19 191 5

20-UNDERTAKER David Bonehein — ADDRESS 118 Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89697 C89697

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 311 Cathedral ST.; 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William M. McDougall.

(Residence in Baltimore: No. 311 Cathedral St.; 5 yrs. — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 28, 1846
(Month) (Day) (Year)

7-AGE, 68 yrs. 10 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Promoter of Patents
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, Wm McDougall

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. W. Little

(Address) 531 W. Fremont Ave

15- Filed NOV 18 1915 191.. HARRY C. ARLEEN, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 17th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11th 1915, to Nov. 16th 1915, that I saw him alive on Nov. 16th 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Primary—Lobar Pneumonia

Immediate—Endocarditis Ulcerative

(Duration) History mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) Personal Knowledge yrs. 2 mos. 6 ds.

(Signed) J. P. Strong M. D.

Nov. 17, 1915. (Address) 506 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Newark N. J.

DATE OF BURIAL, Nov. 18, 1915

20-UNDERTAKER Geo W. Little

ADDRESS 531 W. Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89698

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

8

151

C89698

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 105 S. Exeter ST.: 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Eisman

(Residence in Baltimore: No. 105 S. Exeter St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov. (Month) 17, (Day) 1915 (Year)

7-AGE: yrs. mos. ds. If LESS than 1 day, 13 hrs. or 20 min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Nathan Eisman

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Rosie Levenson

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Lewis

(Address) 1419 E Baltimore

15 NOV 18 1915 Filed , 191

MARY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 17 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1915, to, Nov 17 1915, that I saw h alive on Nov 17, 1915, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), M. L. Fo Eisman M. D.

Nov, 191 (Address) 1731 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Washington Pk. DATE OF BURIAL: 11/18, 1915.

20-UNDERTAKER: Jack Levis ADDRESS: 1419 E Balt St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

1915

C89699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 Latrobe Park Terr ST.; 24 WARD)

REGISTERED NO. C89699

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sylvester S. Oliver

(Residence in Baltimore: No. 1530 Latrobe Park Ter St.: 17 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June 24, 1861 (Month) (Day) (Year)

7-AGE, 54 yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Soldier
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Atlanta Ga

PARENTS.

10-NAME OF FATHER, James Oliver.

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Don't Know.

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma V. Oliver

(Address) 1530 Latrobe Park Terrace

15- NOV 18 1915 MARY O. ANDREWS, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 1915, to Nov 15 1915, that I saw h[illegible] alive on Nov 15 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis - Syndrome Anaemia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 4(?) mos. ds.

(Signed) Herbert E Kenly M. D.

Nov 17, 1915. (Address) 1216 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
National Cemetery	Nov 19, 1915
20-UNDERTAKER	ADDRESS
Wm Cook	502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89700

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89700

CERTIFICATE OF DEATH.

8 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 S. Bethel ST.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frantz Sapeta.

(Residence in Baltimore: No. 526 S. Bethel St.; 13 yrs., - mos., - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dont Know. (Month) (Day), 1 (Year)

7-AGE, 36 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in Yard
(b) General nature of industry, business, or establishment in which employed (or employer): Room Copper Works

9-BIRTHPLACE, (State or Country), Austria Poland.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Sapeta.

(Address) 526 S. Bethel St.

15-

NOV 18 1915

Filed ....., 191... Social Service Clerk.

WAYNE D. LAPIERRE, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 17, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 191.., to Nov 17 191.., that I saw h- alive on Nov 17 191.., and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

..... (Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) J. Valentine M. D.

Nov 17, 1915. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Nov 20, 1915.

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

CS9701 CS9701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Cator Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Frederick Bachman.

(Residence in Baltimore: No. 600 Cator Ave. (York Road) St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 10, 1879 (Month) (Day) (Year)

7-AGE, 36 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Asst. Sup't. (office)
(b) General nature of industry, business, or establishment in which employed (or employer): Yeast Factory.

9-BIRTHPLACE, (State or Country), Maryland (Balto City)

PARENTS.

10-NAME OF FATHER. Henry Bachman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Boegel

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary E. Bachman

(Address) 600 Cator Ave.

15- NOV 18 1915 Filed ..... 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/12/15 1915, to 11/16 1915, that I saw him alive on 11/16 1915, and that death occurred, on the date stated above, at 5:45 p.m.

The CAUSE OF DEATH* was as follows:

Far advanced Pulmonary and Laryngeal Tuberculosis

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Above

(Duration) yrs. mos. ds.

(Signed) E. C. Virchmon M. D.

11/16, 1915 (Address) 1518 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, 11-17, 1915

20-UNDERTAKER H. Sander & Sons — ADDRESS 1710 Fleet St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C8970?

Martha Thielemann

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C8970?

92

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1416 E. Lanvale St.; 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Thielemann

(Residence in Baltimore: No. 1416 E. Lanvale St; St.; 3 yrs. mos. ds.)

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
female	White	Married

6-DATE OF BIRTH: May (Month) 18 (Day), 1857 (Year)

7-AGE: 58 yrs. 6 mos. ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home-wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: George Pöttre

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Anna Marie Quinneir

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Anna Kniesing

(Address) 1416 E. Lanvale

15- Filed NOV 18 1915, 191 ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 4, 191 5, to, Nov. 16 191 5, that I saw h[illegible] alive on Nov. 16 191 5, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 12 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Edgar J. Sandrock M. D.

Nov. 16 191 5. [Address] 1601 N. Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. — DATE OF BURIAL: Nov. 17th 191 5

20-UNDERTAKER: Philip Feurold & Son — ADDRESS: 1911 E. Eutaw St

C89703

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89703

115

Registered No. C

1 PLACE OF DEATH

City of Baltimore (No. Hebrew Hosp. St: 6 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lena Kramer

(Residence in Baltimore: No. 49 N. Caroline St.: 31 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Unknown (Month), (Day), 1884 (Year)

7 AGE: 31 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Israel Hurwitz

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Kramer

(Address) 49 N Caroline st

15 Filed NOV. 18 1915 ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 18 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1915, to Nov. 18 1915, that I saw h ~~er~~ alive on Nov. 18, 1915. and that death occurred, on the date stated above, at 5.25 p.m.
The CAUSE OF DEATH* was as follows:

Pregnancy

(Duration) — yrs. 7 mos. — ds

Contributory (SECONDARY) Acute Cholecystitis

(Duration) — yrs. — mos. 3 ds.

(Signed) M. B. Levy M. D.

Nov. 18, 1915 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death — yrs. — mos. 1 ds. In the State 20 yrs. — mos. ds.

Where was disease contracted, if not at place of death? 49 N. Caroline St

Former or usual residence 49 N. Caroline St

19 PLACE OF BURIAL OR REMOVAL: Hebrew Herzog Assn — DATE OF BURIAL: Nov 18, 1915

20 UNDERTAKER: S. Levinson & Bro — ADDRESS: 1107 E Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

98 C89704

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1039 W Saratoga St.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Smith

(Residence in Baltimore: No. 1039 W. Saratoga St.: aft 25 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Widow

6-DATE OF BIRTH, 2 (Month) 9 (Day), 1867 (Year)

7-AGE, 48 yrs. 9 mos. — ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): At Home Work

9-BIRTHPLACE, (State or Country), A.A. County Md

PARENTS.

10-NAME OF FATHER, Edward Hyman

11-BIRTHPLACE OF FATHER (State or Country), A.A. County Md

12-MAIDEN NAME OF MOTHER Lucy Nash

13-BIRTHPLACE OF MOTHER (State or Country), A.A. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Snowden

(Address) 1039 W Saratoga st

15- Filed NOV 18 1915 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) – 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1915, to Nov 16 1915, that I saw h[er] alive on Nov 16 1915, and that death occurred, on the date stated above, at 2.5 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Lung fever

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exposure & Alcoholism

(Duration) yrs. mos. ds.

(Signed) G. H. Baker M. D.

11/17/15 191... (Address) 1102 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn DATE OF BURIAL. Nov 19, 1915

20-UNDERTAKER Alfred J Ireland ADDRESS 114 N Schroeder

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89705 81

CERTIFICATE OF DEATH.

C89705

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 885 Rabory · ST.; 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME Mabel Smith

(Residence in Baltimore: No. 885 Rabory St.; 15 yrs., 6 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	colored	single

6-DATE OF BIRTH, April (Month) 23 (Day), 1900 (Year)

7-AGE, 15 yrs. 6 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Charles Smith

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Pinkie Gray

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Pinkie Smith

(Address) 885 Rabory St

15- Filed NOV 18 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1915, to November 17 1915, that I saw h[illegible] alive on November 16 - 1915, and that death occurred, on the date stated above, at 8:45 a.m.

The CAUSE OF DEATH* was as follows:

Aortic aneurysm

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

(Signed) Chester Rikard M. D.

11-17-, 1915. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery DATE OF BURIAL, Nov. 19, 1915.

20-UNDERTAKER, Alfred J. Eckland ADDRESS 1141 Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C85706

1 PLACE OF DEATH Little Sisters of the Poor REGISTERED No. C.....

CITY OF BALTIMORE: (No..... ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Furlong (Furlong)

(Residence in Baltimore: No. Little Sisters of the Poor St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-~~SEX~~ Female

4-COLOR OR RACE White

5-~~SINGLE~~ MARRIED WIDOWED OR ~~DIVORCED~~ (Write the word) Widow

6-DATE OF BIRTH May (Month) ..... (Day) 1838 (Year)

7-AGE 77 yrs. mos. ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Ireland

PARENTS

10-NAME OF FATHER Arthur Devaroux

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Bridget Potts

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sr Benedict

(Address) Little Sisters of the Poor

15- NOV 18 1915 Filed ..... 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov (Month) 17 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~May~~ record, 191..., to, ... 191...,

that I saw h.. Sr alive on Nov 14 191 5,

and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

~~Cerebro~~ Arterio sclerosis

Unknown (Duration) yrs. mos. ds.

Contributory (SECONDARY) Cerebral apoplexy

(Duration) yrs. mos. 1 ds.

(Signed), F. A. Warner M. D.

Nov 18, 1915 [Address] 1133 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 2 yrs. 2 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Peters DATE OF BURIAL Nov 20 191 5

20-UNDERTAKER R. C. Wudfield ADDRESS 910 Greenmt Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89707 C89707

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2046 E. Eager St. ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Mc Clerking

(Residence in Baltimore: No. 2046 E Eager St. St.; 5 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 17th (Day), 1887 (Year)

7-AGE, 28 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Maher

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Alice Nelson

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Margaret Maher

(Address) 1746 N Gay

15. NOV 18 1915 Filed, 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2 1915, to Nov 16 1915, that I saw h[er] alive on Nov 16 1915, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 12 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) yrs. mos. 5 ds.

(Signed) William Mc Kenna M. D.

Nov 17, 1915 (Address) 2007 Eastland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bello Cem — DATE OF BURIAL, Nov 19, 1915

20-UNDERTAKER John Herring & Co — ADDRESS 2008 Eastern

C89703

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89703

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital,

CITY OF BALTIMORE (No. Linden ave. & Madison st. ST.: 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude L. D'Angelo,

(Residence in Baltimore: No. 907 Madison avenue, St.: yrs., Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Single,

6-DATE OF BIRTH, October (Month) 28th (Day) 1914. (Year)

7-AGE, 1 yrs. 0 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Samuel D'Angelo,

11-BIRTHPLACE OF FATHER (State or Country), Italy,

12-MAIDEN NAME OF MOTHER Adelina Maggio,

13-BIRTHPLACE OF MOTHER (State or Country), Italy,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adelina D'Angelo, mother,

(Address) 907 Madison avenue.

15- Filed NOV 18 1915 ROBERT J. KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 17th (Day) 1915 (Year)

17.- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute arsenical poisoning caused by eating potatoes which were charged with rat poison, Accident. (Duration) yrs. mon. 1 ds.

CONTRIBUTORY (Secondary) Carelessnes on part of parent. (Duration) yrs. mos. ds.

(Signed) J. Frederick Roempel M. D. (Coroner.)

Nov. 17th 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos..1..ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 907 Madison avenue.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem	11/19/15 19....
20-UNDERTAKER	ADDRESS
Chas T Worley	25 N Fulton

689709

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 689709

8

1 PLACE OF DEATH — CITY OF BALTIMORE (No.) 511 E Clement St. 24th WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John A Benner

(Residence in Baltimore: No.) 511 E Clement St.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: December 5, 1881 (Month) (Day) (Year)

7 AGE: 33 yrs. 11 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): Pennsylvania R.R Co

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William E Benner

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Funk.

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sophia A Benner (wife)
(Address) 511 E. Clement St

15 NOV 18 1915 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 17, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1915, to Nov 17 1915, that I saw him alive on Nov 17, 1915, and that death occurred, on the date stated above, at 5 30 P m.
The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. 9 hours mos. ds.

Contributory (SECONDARY) Anoea

(Duration) yrs. mos. ds.

(Signed) Otto M Reinhardt M. D.
Nov 18, 1915 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Cross AA Co — DATE OF BURIAL: 11-20, 1915

20 UNDERTAKER: E & B Earle — ADDRESS: 115 E West St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

089710

92

089710

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Hack

(Residence in Baltimore: No. 1121 Style St. St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Morris Hack

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Kadie Ades

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Mullen M.D.

(Address) Johns Hopkins Hospital

15-

Filed NOV. 19. 1915 191. HARRY O. ANDROS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 19th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25th 1915, to Nov 19th 1915, that I saw h.r alive on Nov 19th 1915, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Septicaemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

Sinus Thrombosis (Duration) yrs. mos. 29 ds.

(Signed) Wm. L. Mullen M. D.

Nov. 19, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 28 ds. In the State 6 yrs. mos.

Where was disease contracted, if not at place of death? —

Former or usual residence 1121 Style st

19-PLACE OF BURIAL OR REMOVAL Balto. Hebrew Cemetery

DATE OF BURIAL, Nov. 19, 1915.

20-UNDERTAKER L. Levinson & Bro.

ADDRESS 1107 E Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89711 C89711

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 61 W. West St ST.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John alexander Levrone

(Residence in Baltimore: No. 61 West St St.; ..... yrs., 10 mos. 9 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 9, (Month) (Day) 1915 (Year)

7-AGE, ... yrs. 9 mos. 9 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Frank Levrone

11-BIRTHPLACE OF FATHER (State or Country), Washington D C

12-MAIDEN NAME OF MOTHER Mard Wallert

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Frank Levrone (Father)

(Address).... 61 W. West St

15- NOV 19 1915 HENRY O ANDREWS,
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1915, to Nov 18 1915, that I saw h.. alive on Nov 17 1915, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchs. Pneumonia

about

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Maurice Jaffe M. D.

Nov 18, 1915 (Address) 423 S. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Nov 19, 1915

20-UNDERTAKER N. E. Broun & Son

ADDRESS 104 W. Monto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89712

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 233 N Montford ave ST. 6 WARD) REGISTERED No. C 24

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Johnson

(Residence in Baltimore: No. 233 N Montford ave St., 1 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November, 1, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Rumsel

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Larkin

(Address) 5 S Bethel st

15-
Filed NOV 19 1915, 191... MANNY O ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 17th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Eugene L Cassell M. D.
(Coroner.)

Nov 17, 1915 (Address) 11 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetary

DATE OF BURIAL, Nov 19, 1915.

20-UNDERTAKER John W Henderson

ADDRESS 31 N Caroline

C8713 C8713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1401 W. Lanvale street, ST.: 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeane Sharp,

(Residence in Baltimore: No. 1401 W. Lanvale street, St.; 2 yrs. 2 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, April 23d, 1912.
(Month) (Day) (Year)

7-AGE, 3 yrs. 6 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None,
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Stanley H. Sharp,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Margaret J. Mulliken

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace A. Mulliken, grandmother,

(Address) 1401 W. Lanvale street.

NOV 19 1915 HARRY O ANDREWS,

Filed ....., 191.. Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 17th 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental burns of the 3d degree caused by dress catching fire at stove, (Duration) yrs. mos. 12 hrs.

CONTRIBUTORY (Secondary) Shock,
(Duration) yrs. mos. ds.

(Signed) F. Frederick Nemphi M. D.
(Coroner.)

Nov. 18th 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Nov. 17, 15.

20-UNDERTAKER Chas E Franck — ADDRESS 702 Madison

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89714

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C89714

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 805 N Entaw ST.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Bland Anderson

(Residence in Baltimore: No. 805 N Entaw ST.: 60 yrs. 2 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word) Widow

6-DATE OF BIRTH Sept 16, 1831 (Month) (Day) (Year)

7-AGE 84 yrs. 2 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housemaker
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE (State or country) Va

PARENTS

10-NAME OF FATHER Frederick Bland

11-BIRTHPLACE OF FATHER (State or country) Va

12-MAIDEN NAME OF MOTHER Lucie Flournoy

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Colvin E. Anderson

(Address) 805 N Entaw.

15. Filed NOV 19 1915 191

HARRY O ABRAMS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov 17, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1914 to Nov 17 1915.
that I saw h- alive on Nov 15 1915.
and that death occurred, on the date stated above, at 7 a m.
The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 3 yrs. — mos. — ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Henry L. Druid M. D.

Nov 19, 1915. (Address) 721 N Entaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL Nov 22nd 1915

20-UNDERTAKER Chas E Franck — ADDRESS 802 Madison

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore & Near Dallas ST.; 2 WARD) REGISTERED No. C. 175

2-FULL NAME Nathan Rosenberg

(Residence in Baltimore: No. 1705 E. Lombard St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. November 7, 1906
(Month) (Day) (Year)

7-AGE, 9 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Meyer Rosenberg

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Freda Klozie

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Meyer Rosenberg

(Address) 1705 E. Lombard St

15- NOV 19 1915 BUREAU OF STATISTICS,
Filed ..... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 17th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed skull
Accident
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by a motor truck
(Duration) yrs. mos. ds.

(Signed) D. W. Jones M. D.
(Coroner.)
Nov 19, 1915. (Address) D. W. Jones

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	11/19, 1915
20-UNDERTAKER Jack Levin's	ADDRESS 1419 E Balto St

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89716 64 C89716

Registered No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Salomon Hantz

(Residence in Baltimore: No. 2409 Madison Ave St.: 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov —, 1825 (Month) (Day) (Year)

7 AGE: 90 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing Merchant

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J Lewis
(Address) 1419 E Baltimore St

15. Filed NOV 19 1915, 191 MARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 18, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 16, 1915, to November 18, 1915, that I saw h[illegible]alive on November 18, 1915, and that death occurred, on the date stated above, at 9.45 P.m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 3 ds

Contributory (SECONDARY) Oedema of Lungs

(Duration) — yrs. — mos. 1 ds.

(Signed) M.B. Lewis M. D.
Nov 18, 1915 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death — yrs. — mos. 3 ds. In the State 50 yrs. — mos. — ds.
Where was disease contracted, if not at place of death? 2409 Madison Ave
Former or usual residence 2409 Madison Ave

19 PLACE OF BURIAL OR REMOVAL: Hebrew Herman Rus — DATE OF BURIAL: 11/19, 1915

20 UNDERTAKER: Jacob Lewis — ADDRESS: 1419 E Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

REGISTERED No. C

1 PLACE OF DEATH
CITY OF BALTIMORE (No. Johns Hopkins Hosp ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Leonora A Jacobs

(Residence in Baltimore: No. 820 N Kennard ave

St.; yrs. 2 mos. 10 dys. 28)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Child

6-DATE OF BIRTH, Dec 20th, 1912
(Month) (Day) (Year)

7-AGE, 2 yrs. 10 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto City Md

PARENTS.

10-NAME OF FATHER, Joseph Jacobs

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Evans

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Jacobs

(Address) 820 N. Kennard Ave

15 NOV 19 1915 Filed....., 191.. HARRY O. ANDREWS, Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 17th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns 1 2nd degree

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward J Jenkins M. D.
(Coroner.)

Nov 18th, 1915. (Address) 156 N Milton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

820 N Kennard ave

Former or usual residence 820 N Kennard ave

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, Nov 19, 1915

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89718

64 C89718

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2234 Guilford Av ST. 17 WARD)

Registered No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William J. Diggs

(Residence in Baltimore: No. 2234 Guilford St.; — yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	married

6 DATE OF BIRTH: April (Month) 18, (Day) 1860 (Year)

7 AGE: 55 yrs. 7 mos. ds. | If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Mercantile agent

9 BIRTHPLACE (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Diggs

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Cecilia Thompson

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret M Diggs

(Address) 2234 Guilford Ave.

15 NOV 19 1915 Filed ....., 191.... MARY O. AELRETS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 18, (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1915, to Nov 18 1915, that I saw h— alive on Nov 18 1915, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Left Hemiplegia)

(Duration) ..... yrs. ..... mos. 14 hours ds.

Contributory (SECONDARY) ..... (Duration) ? yrs. ..... mos. ..... ds.

(Signed) E A Bloodhurst M. D.

Nov 18, 1915 (Address) 1009 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, OR REMOVAL	DATE OF BURIAL
Loudon Sta Chas Co Md.	Nov 20 1915
20 UNDERTAKER	ADDRESS
E A Wiedefeld Jr	Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C89719 C89719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Tyler

(Residence in Baltimore: No. 1909 Hanneman St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 18 (Month) (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geoffry Tyler

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Laura Trusty

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G Murray Jr MD

(Address) .....

15- NOV 19 1915 HARRY O ARNOLD,
Filed ....., 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 18 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I saw h... alive on ..... 191...,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Miscarriage at 5 months

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Honorable child.

Syphilis ..... (Duration) ... yrs. ... mos. ... ds.

(Signed) John G. Murray Jr M. D.

....., 191... (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL NOV 18 1915

Commissioner Health.

Per WM. E. WOODALL

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION necessary important. See instructions on back of certificate.

Spec.—5-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C89720

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant King

(Residence in Baltimore: No. University Hospital St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. 11 (Month) 17 (Day), 1915 (Year)

7-AGE. 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 16 hrs. or 30 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles King.

11-BIRTHPLACE OF FATHER (State or Country) West Virginia

12-MAIDEN NAME OF MOTHER Ora King.

13-BIRTHPLACE OF MOTHER (State or Country) West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ora King

(Address).....

15- NOV 19 1915 CLERK O[illegible]

Filed....., 191... Burial Permit [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-17 1915, to 11-17 1915, that I saw her alive on 11-17 1915, and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Birth

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Nov. 18, 1915. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, 191...

20-UNDERTAKER ADDRESS

Commissioner Health.

NOV 18 1915

UNIVERSITY OF MARYLAND

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89721

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89721

CERTIFICATE OF DEATH.

x 120

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. Md. Gen. Hospital St.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rucker.

(Residence in Baltimore: No. Md Gen Hospital St.; yrs. mos. 5 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mar. (Month) 10 (Day), 1874 (Year)

7-AGE, 41 yrs. mos. 7 ds. If LESS than 1 day, hrs. or min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Dempsey Harper

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country). Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Robert Rucker
(Address) Fairfield A & Co Md

15- Filed NOV 19 1915, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13th 1915, to Nov 17th 1915, that I saw h[illegible] alive on Nov 17th 1915, and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 17 ds.

(Signed) Frank E. Shipley M. D.
11/17/1915 (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? ?
Former or usual residence Fairfield, A & Co. Md.

19-PLACE OF BURIAL OR REMOVAL, Furnace Branch A&Co — DATE OF BURIAL, Nov. 20, 1915

20-UNDERTAKER ARMSTRONG-DENNY CO. — ADDRESS 715 Light St

Spec.—5-19-13—M. & T.—500 Blks.

C89722

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89722

CERTIFICATE OF DEATH.

154

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1370 N. Calhoun ST.; 15 WARD)
2-FULL NAME Georgiana Rooney
(Residence in Baltimore: No. 1370 N. Calhoun St. St.: ..yrs., ..mos. ..ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Unknown

6-DATE OF BIRTH, Unknown, 1 ..... (Month) (Day) (Year)

7-AGE, 85 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Carrie Chase
(Address) 1370 N. Calhoun St.

15-
Filed NOV 19 1915 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 17, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1915, to Nov. 17th 1915; that I saw h[er] alive on Nov. 17th 1915, and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Old age and general debility

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ~
Exhaustion (Duration) ... yrs. ... mos. 7 ... ds.

(Signed) Allan Baldwin M. D.
Nov. 17, 1915. (Address) Town Topics

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn Cemetery	Nov. 19, 1915.
20-UNDERTAKER	ADDRESS
John H. Toadvine	142 N. Hill St

N. B.—Carefully examine information inside of envelope. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(089723) (089723)

CERTIFICATE OF DEATH.

Volker 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2232 Pima Av. ST.: 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Jr. Volker

(Residence in Baltimore: No. 2232 Pima Av St.: 35 yrs., 2 mos. 29 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug. 20th, 1880 (Month) (Day) (Year)

7-AGE, 35 yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk (Grocery)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Geo. J. Volker

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Nagel

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Volker Wife

(Address) 2229 Pima. Av.

15- Filed NOV 19 1915 191... HARRY O. ANDREAS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 18th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1915, to Nov. 18th 1915, that I saw h.. alive on Nov. 18th 1915, and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Congestion of Lungs.

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Ed Kunkel M. D.

Nov. 18th, 1915. (Address) 1605 N. Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. 11/21, 1915

20-UNDERTAKER Gu. Weber & Son ADDRESS 2503 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89721 C89721

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1621 Darley Ave ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Teresa Holden

(Residence in Baltimore: No. 1621 Darley Ave - St.; ..... yrs., ... mos. about 66)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Nov 15, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 5 hours

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Md City

PARENTS.

10-NAME OF FATHER, Dominick Holden

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Nolan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dominick Holden

(Address) 1621 Darley Ave

15-
Filed NOV 19 1915, 191... HENRY O. ANDREE, Burial permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov- 18, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov-17 1915 to Nov-18 1915, that I saw her alive on Nov-18 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

Patent Foramen Ovale

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L Gaile M. D.

Nov 19, 1915. (Address) 1621 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Nov. 19, 1915

20-UNDERTAKER M Fahey & Sons — ADDRESS 606 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89725 C89725

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 110 E 20th St.; 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Horan

(Residence in Baltimore: No. 110 E 20th St.; 44 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: white — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: [illegible] (Month) ... (Day), 185[illegible] (Year)

7-AGE: 64 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): ~~Salesman~~

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Edward Horan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Johanah Luby

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Jos Norton

(Address) 110 E 20th St

15- Filed NOV 19 1915, 191 — BUREAU OF VITAL STATISTICS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 27, 1915, to, Nov 16 1915, that I saw h[illegible] alive on Nov 16 1915, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cancer of bladder
apparent duration 2 months

(Duration) 2 yrs ... mos. ... ds.

Contributory (SECONDARY): none

(Duration) ... yrs ... mos. ... ds.

(Signed), Wm J Watson M D

Nov 18, 1915 [Address] 2125 St Paul

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Nov 22, 1915

20-UNDERTAKER: M Fahey & Sons — ADDRESS: 606 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SAFETY

Spec.—5-19-13—M. & T.—500 Bks.

C89726

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89726

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infnt Asy. St.: 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond M. Wiener

(Residence in Baltimore: No. St. Vincents Infant Asylum St.: yrs., 2 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 16 (Day), 1915 (Year)

7-AGE, ...yrs. 8 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St

15- Filed NOV 19 1915, 191... Burial Permit Issued. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 3 1915, to November 17 1915, that I saw h-im alive on November 17 1915, and that death occurred, on the date stated above, at 2.00 p.m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. O'Donovan M. D.

....., 191... (Address) S. E. Pine St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 17 ds. In the State yrs. 8 mos. 1 ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Nov 19 ..., 191...
20-UNDERTAKER	ADDRESS
M Faherty & Son	606 Lafayette Ave

INSTRUCTIONS.—Every item of information should be given. Any one having supplies. ABBREVIATIONS should be avoided. CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C. 172

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 906 Sarah Anne St.) 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Chambers

(Residence in Baltimore: No. 906 Sarah Anne St.) 7 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown 1 .....
(Month) (Day) (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Alfred Chambers

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hallie Chambers

(Address) 906 Sarah Anne St.

15- Filed NOV 19 1915, 191.. Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 16, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an unguny (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said unguny (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(accidental)
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Fractured Skull
(Duration) ... yrs. ... mos. ... ds.

(Signed) J. F. Jeffers M. D.
Coroner.
Nov 17 1915 (Address) 242 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Mty DATE OF BURIAL, Nov 19 1915

20-UNDERTAKER Alfred J. Ferdinand ADDRESS 1141 S Charles

C89723

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

gr C89723

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 1012 Vine St. 18 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Carrol

(Residence in Baltimore: No. 1012 N Vine St.; 54 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 54 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): md

PARENTS

10-NAME OF FATHER: John Simpson

11-BIRTHPLACE OF FATHER (State or country): md

12-MAIDEN NAME OF MOTHER: Julia Wilson

13-BIRTHPLACE OF MOTHER (State or country): md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Snowden

(Address) 116 N Schroeder St

15 NOV 19 1915 ....., 191 ..... Registrar

Robert O. Arnens, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 17, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12, 1915, to Nov 17 1915, that I saw h[er] alive on Nov 16, 1915, and that death occurred, on the date stated above, at 1P.M.
The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Pleurisy

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) J. L. Hooper M. D.

Nov 18, 1915 (Address) 917 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Nov 20, 1915

20-UNDERTAKER: Alfred J. Packard — ADDRESS: 114 N Schroeder

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C89729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

102 C89729

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Light St. 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert F. Meuschau

(Residence in Baltimore: No. 1231 Light St. St.; 35 yrs., 9 mos., 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, February 16, 1886 (Month) (Day) (Year)

7-AGE, 35 yrs. 9 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer). B. & O. R.R.

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Zacharias T. Meuschau

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER, Belinda Turpin

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie M. Meuschau

(Address) 1231 Light St.

15-

Filed NOV 19 1915, 191.....

HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16th 1915, to Nov 18 1915, that I saw him alive on Nov 18th 1915, and that death occurred, on the date stated above, at 6 45 p. m.

The CAUSE OF DEATH* was as follows:

Ist Postulate Pneumonia Lobular
10 days after Operation for Ulcer of the Stomach
at Mercy Hospital.

"History" (Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) Henry B. Kolb M. D.

Nov 19th, 191.. (Address) 1203 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Nov 21, 191..

20-UNDERTAKER Lowe Cook — ADDRESS 507 E. Mon

N.B. Every item of information should be carefully supplied. Ages, CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89730 28 C89730

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 E. 24 St ST.; 12 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Light

(Residence in Baltimore: No. 313 E 24 St St.; 40 yrs., ... mos. ... ds.)

ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: December 5, 1871 (Month) (Day) (Year)

7-AGE: 43 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): Flat House

9-BIRTHPLACE, (State or Country): Baltimore Co Md

PARENTS.

10-NAME OF FATHER: August A. Light

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Ann Nelson

13-BIRTHPLACE OF MOTHER (State or Country): St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Isabella Manuel

(Address) 313 E. 24 St

15- Filed NOV 19 1915 191..... HARRY O ANDERSON Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18th 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11th 191 5, to Nov 18th 191 5, that I saw h[illegible] alive on Nov 11th 191 5, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) —

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. H. Jarvis M. D.

Nov 19 1915 (Address) 12 E 24th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL, Nov. 20 1915

20-UNDERTAKER: Wm Cook ADDRESS 507 E. Mo. Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89731 — 109 — C89731

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 160 St.; 6 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Pearson

(Residence in Baltimore: No. 1603 Askew Alley St.; 42 yrs., 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct 10th, 1873 (Month) (Day) (Year)

7-AGE, 42 yrs. 1 mos. 8 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Pearson

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Dorsey

(Address) 1603 Askew Alley

15- Filed NOV 19 1915 REGISTRAR OF ARRIVALS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191..., that I saw h... alive on ....., 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetary | DATE OF BURIAL, Nov 19 1915

20-UNDERTAKER 14th | ADDRESS 1735 Harford Ave 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

89732 94 089732

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 203 East Preston St. St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella M. Lee

(Residence in Baltimore: No. 203 East Preston St. St.; 45 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: Oct. 28, 1843 (Month) (Day), 1 (Year)

7-AGE: 72 yrs. 0 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Tyrone, Pa.

PARENTS

10-NAME OF FATHER: John T. Mathias

11-BIRTHPLACE OF FATHER (State or country): Do not know

12-MAIDEN NAME OF MOTHER: Mary Shorb

13-BIRTHPLACE OF MOTHER (State or country): Do not know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Lee

(Address) 203 East Preston St.

15- Filed NOV 20 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 18 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1915, to, Nov 18 1915, that I saw h.. alive on Nov 17 1915, and that death occurred, on the date stated above, at 10. P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) — yrs — mos 10 — ds.

Contributory (SECONDARY) Senile Degeneration

(Duration) two yrs — mos. — ds.

(Signed), Clarence L. Hill M. D.

Nov. 19 1915 [Address] Arlington Md.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	11/20/15 191
20-UNDERTAKER Henry W. Meares & Son	ADDRESS 805 N. Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89733 C89733

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Ensor ST.; 5 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Kissner

(Residence in Baltimore: No. 504 Ensor St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, Sept 24, 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. 1 mos. 24 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Heinrich

(Address) 1805 Jefferson

15 NOV 20 1915 ROBERT F. KRAUTHS,
Filed ....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 17, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 11 1915, to Nov 17 1916, that I saw h alive on Nov 16 1915 and that death occurred, on the date stated above, at 9.35 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. Reese M. D.

11-18-, 1915. (Address) 9365 Harmont Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto Cem. DATE OF BURIAL. Nov 20 1915.

20-UNDERTAKER Philip Herwig ADDRESS 2045 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89731 — 79 C89731

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 E Gittings ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Benjamin H Hubbard

(Residence in Baltimore: No. 107 E Gittings St.) (27 yrs., 5 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June 12, 1888
(Month) (Day) (Year)

7-AGE, 27 yrs. 5 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, Samuel H Hubbard

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Forshe

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hubbard

(Address) 107 E. Gittings

15- Filed NOV 20 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 24 1914, to Nov 18 1915, that I saw him alive on Nov 17 1915, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) General anasarca

(Duration) 2 yrs. mos. ds.

(Signed) Wm E Stuffle M. D.

Nov 18, 1915. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem	Nov 20, 1915
20-UNDERTAKER	**ADDRESS**
J. Frew McAnulty	396 Ford

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89735 × 159 C89735

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hosp St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Gregier D Miller

(Residence in Baltimore: Nom Hebrew Hospital St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Jan ....., 1864
(Month) (Day) (Year)

7-AGE, 49 yrs. 10 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Millinery

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Andrew M Miller

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha Huntington

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank B Miller

(Address) Westminster Md

15- NOV 20 1915 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 19th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Charles A Reese M. D.
(Coroner.)

Nov 19th, 1915 (Address) 136 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 1 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Westminster Md

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Westminster Md — DATE OF BURIAL, Nov 20, 1915

20-UNDERTAKER W M Rinehart — ADDRESS 230 N Greene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(89735) 44 (89735)

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 200 W 21st St Kinney Cancer Hosp. St.; 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Hoke

(Residence in Baltimore: No. 1901 Boone St. St.: 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, March 1 (Month) 5 (Day) 1865 (Year)

7-AGE, 50 yrs. 8 mos. 14 ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penn.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Penn

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Tongue

(Address) 1827 Aiken st

15- NOV 20 1915 Filed, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 18 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 1915, to Nov 17 1915, that I saw h alive on Nov 18 1915, and that death occurred, on the date stated above, at 9 4 m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Carcinoma of Face and
Jaw (Autopsy Examined)
(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Focal Emp. of Pelvis
(Duration) yrs. mos. 8 ds.

(Signed) Geo Rawen Evenhart M. D.

Nov. 19, 1915. (Address) 1.V.W. 25 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Carol Sing

Former or usual residence 1901 Boone St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. — DATE OF BURIAL, Nov. 21, 1915

20-UNDERTAKER Finkler & Finkler — ADDRESS 1739 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89737

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Jones Ct ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James T Brown

(Residence in Baltimore: No. 2006 Jones Court St.; 48 yrs., 6 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 10th (Day); 1867 (Year)

7-AGE, 48 yrs. 6 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Hostler
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm. Brown

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Elizabeth Reed

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Brown

(Address) 2006 Jones Ct.

15- Filed NOV 20 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 1915, to Nov 16 1915, that I saw h— alive on Nov 15 1915, and that death occurred, on the date stated above, at 5.30 P. m.,

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Thomasellent M. D.

Nov 17, 191.. (Address) 230 N Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem. DATE OF BURIAL, Nov 20th, 191..

20-UNDERTAKER Harry A. Vodery ADDRESS 1125 Orleans St.

N.B.—ENUMERATION of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89738 C89738

CERTIFICATE OF DEATH.

53

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2312 Callow Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Blaustein

(Residence in Baltimore: No. 2312 Callow Ave St.; Lifetime yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 10 (Day), 1913 (Year)

7-AGE, 2 yrs. 5 mos. 9 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Louis Blaustein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Ida Getterohn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Blaustein

(Address) 2312 Callow Ave

15- Filed NOV 20 1915 191.... ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 19" (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1914, to Nov 19 1915, that I saw her alive on Nov 19 1915, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Lymphatica Leukemia

..... (Duration) ..... yrs. 5 mos. 15 ds.

CONTRIBUTORY (Secondary) Atheroma

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) John Rubrecht M. D.

Nov 19, 1915. (Address) 11 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Chev Shalom Cem DATE OF BURIAL, Nov 21, 1915

20-UNDERTAKER David Sondheim ADDRESS 118 W Mt Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89739

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89739

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 E. Pratt St ST.; V WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Command

(Residence in Baltimore: No. 1717 E Pratt St. abt St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 23, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Morris Command

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Casey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine Command

(Address) 1717 E. Pratt St.

15- Filed NOV 20 1915 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 17, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Nov 17 1915, that I saw him alive on Nov 17 1915, and that death occurred, on the date stated above, at 5 P M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction (17 days)
associated with an old
umbilical hernia (about 10 years)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E Gately M. D.

11-19, 1915 (Address) 1118 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem — DATE OF BURIAL, Nov 20, 1915

20-UNDERTAKER H. Isdell Sons & Son — ADDRESS 3 S Howard St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89740 — 120 C89745

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen'l Hosp ST.; V WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie E Rusk

(Residence in Baltimore: No. 2006 E Pratt st St.; 61 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ? (Month) (Day) 1855 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Rusk

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Joannah Smithson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie C. Wiley

(Address) 814 Pennington Ave

15- Filed NOV 20 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 4 191.5, to Nov 17 191.5, that I saw h.. alive on Nov 17, 191.5, and that death occurred, on the date stated above, at 8 ? m.

The CAUSE OF DEATH* was as follows:

Paresis Wassaman Wh. positive

(Duration) yrs. ? mos. ds.

CONTRIBUTORY. (Secondary) Chronic Cardiac Nephritis

(Duration) yrs. mos. 2 ds.

(Signed) F. E. Shipley M. D.

Nov 17, 191.5. (Address) Md Gen'l Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State 61 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2006 E Pratt St.

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, Nov. 20, 191.5.

20-UNDERTAKER E. M. McLeod & Co. — ADDRESS 121 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks. Olin E. Jones.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89741 C89741

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Inf. ST.; 11th WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olin Eldridge Jones

(Residence in Baltimore: No. 1502 W. Lanvale St.; yrs., 1 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Oct. (Month) 12 (Day), 1886 (Year)

7-AGE, 29 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Banker
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md. Anne Arundel Co.

PARENTS.

10-NAME OF FATHER, John H. Jones

11-BIRTHPLACE OF FATHER (State or Country). Anne Arundel Co

12-MAIDEN NAME OF MOTHER Annie Anderson Jones

13-BIRTHPLACE OF MOTHER (State or Country) Anne Arundel Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John H. Jones
(Address) 1502 W. Lanvale St.

15- NOV 20 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 1915, to Nov 19 1915, that I saw him alive on Nov. 18 1915, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid fever
(Duration) ....yrs. ....mos. 21 ds.
CONTRIBUTORY (Secondary) Lobar Pneumonia
(Duration) ....yrs. ....mos. 14 ds.

(Signed) W. Campbell Hart M. D.
Nov 19, 1915 (Address) Church Home & Infirm.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 20 ds. In the State ....yrs. ....mos. 24 ds.
Where was disease contracted, if not at place of death? Not Known
Former or usual residence 1502 W. Lanvale St

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, Nov. 22, 1915

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 1201 N. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

C89742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C89742

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 N. Castle ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia A. Disney

(Residence in Baltimore) No. 525 N. Castle St.; 30 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, not known (Month) ..... (Day) 1 (Year)

7-AGE. 54 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country). not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. J. William Disney

(Address) 525 N. Castle St

15- NOV 20 1915 Filed ....., 191.... HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1915, to Nov 18 1915, that I saw her alive on Nov 15 1915, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Pulmonary

(Duration) 6 mos. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) J. Kemp Williams M. D.

Nov 18 1915. (Address) 648 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Nov 20, 191...

20-UNDERTAKER Henry Hoell Son

ADDRESS 1301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 C89743

C89743

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 948 Harford Ave ST.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose M° Kenna

(Residence in Baltimore: No. 948 Harford Ave St.; ....yrs., ...mos. 6 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November (Month) 14 (Day), 1915 (Year)

7-AGE, ...yrs. ....mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Bernard J. M°Kenna

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Bernard J. M°Kenna

(Address) 948 Harford Ave

15-

Filed NOV 20 1915, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 191.., to Nov 20 191.., that I saw her alive on Nov 19 191.., and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

.....Tetanus.....

.....Cause don't Know.....

..... (Duration) ....yrs. ....mos. 2 ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Wm Regan M. D.

Nov 20, 191.. (Address) 4 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Lucas Cemetery

DATE OF BURIAL, November 20, 191..

20-UNDERTAKER Henry Hoen & Son

ADDRESS 1301 E Eager St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89711 — 28 — C89744

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No U. S. Marine Hosp. St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. M. Foster

(Residence in Baltimore: No. U. S. Marine Hospital St.; yrs. mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: November 17 1915 (Month) (Day) (Year)

7-AGE: 24 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Cape Verde Islands W. I.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hospital Records

(Address) Marine Hospital Balto. Md.

NOV 20 1915 Filed ,191 Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November (Month) 17. (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 7 ,1915, to, Nov. 17 1915, that I saw h[illegible] alive on Nov 17, 1915, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(Duration) yrs mos. 10 ds.

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) yrs mos. ds.

(Signed) Chas L. Vogel M. D.

Nov 18 ,1915. [Address] Marine Hospital Balto Md

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos. 10 ds.

Where was disease contracted, if not at place of death? at Sea

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Nov 20. 1915

20-UNDERTAKER: Chenoweth & Son — ADDRESS: Chestnut Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89745

REGISTERED No. C 79

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3736 Hickory Ave St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Maggie A. Merryman

(Residence in Baltimore: No. 3736 Hickory Ave. St.: 13 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~DIVORCED~~ (If one the word): Married

6 DATE OF BIRTH: Oct 10, 1848 (Month) (Day) (Year)

7 AGE: 67 yrs. 1 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: James R Bull

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Ezibatha Jones

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John T Merryman

(Address) 3736 Hickory Ave

Filed NOV 20 1915, 191 HARRY D. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 17, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1915, to Nov 17 1915, that I saw h[illegible] alive on Nov 17, 1915, and that death occurred, on the date stated above, at 1145 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ... yrs. 4 hours

Contributory (SECONDARY) Myocarditis

(Duration) ... yrs. Unknown

(Signed) Hardy E. Alyea M. D.

Nov 18, 1915 (Address) 364 Rolandave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Nov 20, 1915

20 UNDERTAKER: Ehrenwerth Son — ADDRESS: Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C89746

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 C89746

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 E Fayette ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Hosmon

(Residence in Baltimore: No. 2229 E. Fayette St.; 52 yrs., 9 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan 24th, 1863 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
52 yrs. 9 mos. 24 ds.	...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): City

PARENTS.

10-NAME OF FATHER: Allen Cook

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Hosmon

(Address) 2229 E Fayette

15-

Filed NOV 20 1915, 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20" 191 5" to Nov 18" 191 5", that I saw h[illegible] alive on Nov 17" 191 5", and that death occurred, on the date stated above, at 3[illegible] m.

The CAUSE OF DEATH* was as follows:

a. Carcinoma of Right Breast

Clinical Diagnosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Helen E. Robertson M. D.

Nov 19" 191 5" (Address) 2129 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	Nov. 22, 1915

20-UNDERTAKER	ADDRESS
Philip Henry	2016 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C8747 — 28 — C8757

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 554 Registration ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Landon

(Residence in Baltimore: No. 554 Registration St.; 14 yrs., 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: March 8th, 1901 (Month) (Day) (Year)

7-AGE: 14 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: John E. Landon

11-BIRTHPLACE OF FATHER (State or Country): Westmoreland Co. Va.

12-MAIDEN NAME OF MOTHER: Jennie Lee Johnson

13-BIRTHPLACE OF MOTHER (State or Country): Alleghany Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John E. Landon
(Address) 554 Preston St.

15-
Filed NOV 20 1915 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. 17th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17 1915, to Nov. 17 1915, that I saw h[illegible] alive on Nov. 17 1915, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs
(Duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Brain Tubes
(Duration) yrs. 4 mos. ds.

(Signed) L. F. Prather M. D.
Nov. 17, 1915. (Address) 508 N. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion — DATE OF BURIAL, Nov 20 1915

20-UNDERTAKER James H Dennis — ADDRESS 1303 Preston St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C89743

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 David Hill ave, St.; 14 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry B Nickens

(Residence in Baltimore: No. 1630 David Hill Ave St.; Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Sept 14, 1901 (Month) (Day) (Year)

7-AGE, 14 yrs. 2 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Nickens

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Minnie Walker

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Nickens

(Address) 1630 David Hill Ave

15 NOV 20 1915 HENRY O ANDREAE

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to Nov 18 1915, that I saw h last alive on Nov 18 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) yrs. 3 mos ds.

(Signed) F L Carder M. D.

11-18-1915 (Address) 1534 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion	Nov 20, 1915.
20-UNDERTAKER James H Dimes	ADDRESS 1303 Pennsylvania

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89749 91 C89749

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1427 N Mount ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Lee Washington

(Residence in Baltimore: No. 1427 N Mount St.; / yrs., / mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Baby

6-DATE OF BIRTH, October (Month) 15 (Day), 1914 (Year)

7-AGE, / yrs. / mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James B. Washington

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rosa B. Bess

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James B. Washington

(Address) 1427 N Mount St

15- NOV 20 1915 ADDRESS,

Filed....., 191.... Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 15 1915, to November 18 1915, that I saw her alive on November 18 1915, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Charles E. Clark M. D.

Nov. 18, 1915 (Address) 1310 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Nov. 20, 1915

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Pennsylvania

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89750 C89750

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S. Ann St. ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia J. Williams

(Residence in Baltimore: No. 320 S. Ann St. St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, October (Month) 24 (Day), 1844 (Year)

7-AGE, 71 yrs. - mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto. City,

PARENTS.

10-NAME OF FATHER, John Thurlow

11-BIRTHPLACE OF FATHER (State or Country), Balto. City,

12-MAIDEN NAME OF MOTHER Mary A. Commerrel

13-BIRTHPLACE OF MOTHER (State or Country), Balto, City,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Y. Thurlow,

(Address) 320 S. Ann St.

15-
NOV 20 1915 HARRY O ANDREWS,
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 18 1915, to Nov 18 1915, that I saw h[illegible] alive on Nov 18 1915, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis Gneral

(Duration) ..... yrs. ..... mos. 2 Yrs

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ..... yrs. ..... mos. 2 Hrs.

(Signed) Mark C. Myers M. D.

Nov 18, 1915. (Address) 125 E Mon[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery, DATE OF BURIAL. Nov. 20 1915

20-UNDERTAKER Wm. C. Black, ADDRESS 927 N. Broadway,

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89751 (89751)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 24 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gordon Taylor

(Residence in Baltimore: No. 1204 Williams St.; — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH: (Not Known), 1858 (Month) (Day) (Year)

7-AGE: 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Covington Taylor

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Bridget White

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. James McAllister

(Address) 734 Light St.

15- NOV 20 1915 Filed, 191. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1915, to Nov 19 1915, that I saw him alive on Nov 18 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Ia. Endocarditis Mitral Regurgitation

(Duration) yrs. mos. 43 ds.

CONTRIBUTORY (Secondary) Chr. Bronchopneumonia Nephritis

(Duration) yrs. mos. 43 ds.

(Signed) Emmet McG Riegel M. D.

Nov. 19, 1915 (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 12 ds. In the State 57 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1204 Williams St.

Former or usual residence 1204 Williams St.

19-PLACE OF BURIAL OR REMOVAL, Steelhead Road Ceme

DATE OF BURIAL, NOV 22 1915

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light

C89752

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C89752

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 715 N. Barre. ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma G. Stamps.

(Residence in Baltimore: No. 715 N. Barre. St.: 27 yrs. 5 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH June 17, 1888 (Month) (Day) (Year)

7-AGE 27 yrs. 5 mos. 1 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER Thomas Stamps.

11-BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

12-MAIDEN NAME OF MOTHER Annie McClatchie.

13-BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert W. Stamps

(Address) 715 N. Barre St

15 NOV 20 1915 Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov. 18, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1915, to Nov. 18, 1915, that I saw her alive on Nov. 18, 1915, and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) 1 yrs. ... mos. ... ds

Contributory (SECONDARY) Unknown

(Duration) ... yrs. ... mos. ... ds.

(Signed) Albert J. Chambers M. D.

Nov. 19, 1915 (Address) 1012 N. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. | In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov 22, 1915

20-UNDERTAKER: Chas. F. Wasmuth — ADDRESS: 217 N. Fulton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 17°

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Josphs Hospital ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah Russell

(Residence in ~~Baltimore~~: No. St Josphs Hospital St.; yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
male	colored	Widower

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE 74 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Russell

(Address) 1901 Etting St.

15- NOV 20 1915 191..... Burial Permit Given

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 18, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Gunshot wound of right foot caused by accidental explosion of a gun while hunting rabbits 5 (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock due to amputation of foot ..... (Duration) ..... yrs. ..... mos. 2 ... ds.

(Signed) Morris L. Savage ..... M. D.
(Coroner.)

Nov 20, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Middle River Md

Former or usual residence Middle River Md

19-PLACE OF BURIAL, OR REMOVAL, Sharp St. Cem. Cremated | DATE OF BURIAL, Nov. 20, 1915

20-UNDERTAKER Geo. H. Holland | ADDRESS 517 Robert St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C89754

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C89754

1-PLACE OF DEATH — CITY OF BALTIMORE (No. 1708 E. Biddle St.: 8 Ward) — Registered No. C

2-FULL NAME Nellie M. Russell

(Residence in Baltimore: No. 1708 E. Biddle St.: — yrs. 2 mos. 19 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: August 3d, 1913 (Month) (Day) (Year)

7-AGE: yrs. 2 mos. 19 ds. | If LESS than 1 day, —hrs. or —min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland (City)

PARENTS

10-NAME OF FATHER: William R. Russell

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Helen Broughton

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William R. Russell

(Address) 1708 E. Biddle

15-NOV 20 1915 Filed ..... 191 — REGISTRAR — Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 19 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from November 15 1915 to November 19 1915, that I saw her alive on November 15 1915, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. — mos. 30 ds

Contributory (SECONDARY)

(Duration) yrs. mos. 5 ds.

(Signed) William Francis M. D.

Nov 19, 1915 (Address) 1401 N Gay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery | DATE OF BURIAL: Nov 20/ 1915

20-UNDERTAKER: Christian Miller | ADDRESS: 2334 Jefferson

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89755

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89755

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 E. 25. ST.; 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Maguire

(Residence in Baltimore: No. 435 E. 25 St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, ~~WIDOWED OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 8 (Day), 1852 (Year)

7-AGE, 63 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Wm. T. Farley

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Lowrey

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Maguire

(Address) 435 E 25 St.

15- NOV 20 1915 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 19th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1911, to Nov 19 1915; that I saw h[illegible] alive on Nov 19 1915 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2 hours

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 4 yrs. mos. ds.

(Signed) W. H. Pearce M. D.

Nov 19, 1915 (Address) 2105 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Nov 22 1915

20-UNDERTAKER P. F. Fitzpatrick

ADDRESS 2033 W North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 (89756)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2726 Hampden St. 43 WARD) REGISTERED No. C

2-FULL NAME Infant Scrivnor

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2726 Hampden Ave St.; yrs.. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) 19 (Day), 1915. (Year)

7-AGE, ...yrs. 1 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Falls City Man Guild

PARENTS.

10-NAME OF FATHER, Elmer Scrivnor

11-BIRTHPLACE OF FATHER (State or Country) Carroll Co

12-MAIDEN NAME OF MOTHER Mary Bedecker

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.
(Informant) Father
(Address) 2726 Hampden

15- NOV 20 1915
Filed ....., 191.... HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 20 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19 1915, to Nov 20 1915, that I saw h[illegible] alive on Nov 19 1915, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility
Premature Birth
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. L. Lair M. D.
Nov 20, 1915. (Address) 12 E 25 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cem Ramallo — DATE OF BURIAL, NOV 20 1915

20-UNDERTAKER E. J. Marshall — ADDRESS 3539 Falls Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89757

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C89757

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 2305 Edgemont Ave St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

2-FULL NAME Alice V. Coolley

(Residence in Baltimore: No. 2305 Edgemont Ave St.; 50 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: January 15, 1841 (Month) (Day) (Year)

7-AGE: 74 yrs. 10 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Frederick Md

PARENTS

10-NAME OF FATHER: John Kimberly

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Geo A Geiger

(Address) 2305 Edgemont

15. NOV 20 1915 Filed ....., 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 19, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1915, to Nov 19 1915, that I saw h[illegible] alive on Nov 18, 1915, and that death occurred, on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows:

Cedema. Sclerosis.

Contributory (SECONDARY) Pneumonia Hypostatic (Duration) 5 yrs. mos. ds.

(Duration) 3

(Signed) Herbert Gary M. D.

Nov 19 1915 (Address) 2731 Parkwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Nov 23 1915

20-UNDERTAKER: Jos B Cook & Co

ADDRESS: 1003 Baltimore St

C89758

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89758

175

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1003 Poplar Grove st. ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Heinzerling, jr.

(Residence in Baltimore: No. 2852 W. Lanvale st. St. 9 yrs., — mos. 12 ds.)

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, November (Month) 6th (Day), 1906. (Year)

7-AGE, 9 yrs. 0 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, George Heinzerling,

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Anna M. Dobbins,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Heinzerling, uncle.

(Address) 2852 W. Lanvale street.

15- Filed NOV 20 1915 191 HENRY O. ANDREAE Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 18th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull caused by being struck by an automobile; accident.

(Duration) ..... yrs. 1/2 mos. hour ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Haupt M. D. (Coroner.)

Nov. 20th 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Nov. 22, 1915

20-UNDERTAKER Jos. D. Cook & Co.

ADDRESS 1008 E. Lexington St. Baltimore Md.

Spec.—8-24-14—M. & T.—2000 Bks.

(89759)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 (89759)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 N. Stricker ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Backer Sr

(Residence in Baltimore: No. 502 N Stricker St St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov (Month) 10 (Day), 1857 (Year)

7-AGE, 64 yrs. 0 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale Grocery

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wm. H Backer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Haefner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Backer Jr.

(Address) 502 N. Stricker St

15- NOV 20 1915 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1914, to Nov 8th 1915, that I saw h im alive on Nov 8 1915, and that death occurred, on the date stated above, at 1.45 Am.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) yrs. mos. 1/2 ds.

(Signed) Chas. E. Fackler M. D.

Nov 19, 1915. (Address) 1418 Linden Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov 21, 1915

20-UNDERTAKER Wm. J. Pickerson — ADDRESS Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89760 — 170 C89760

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N. Carey ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calvin T. Bostain

(Residence in Baltimore: No. 117 N. Carey St. St. life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widower

6-DATE OF BIRTH: March 20, 1862 (Month) (Day) (Year)

7-AGE: 53 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto.

PARENTS.

10-NAME OF FATHER: Bostain

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant Louise H. Bostain)

(Address) 117 N. Carey St.

15-

Filed NOV 20 1915 191 HARRY D. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 19th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28th 1912, to Nov. 19th 1915, that I saw him alive on Nov 19th 1915, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles Fetz M. D.

Nov 20th 1915. (Address) 1111 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov. 22, 1915

20-UNDERTAKER: E. M. Mitchell & Co. — ADDRESS: 120 W. Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK A.K.S.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~89761~~ 92089761

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Tyler.

(Residence in Baltimore: No. Md Gen Hospital St.; ..... yrs., ... mos., 6 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Black.	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

Not Known

7-AGE, 35 yrs. ..... mos. ..... ds.	If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), ?

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno T Tyler Jr

(Address) Sparrows Point Md

15-

Filed NOV 20 1915 (Burial Permit Clerk)

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 13th, 1915, to Nov. 14th, 1915, that I saw h.. alive on Nov. 14th, 1915, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) Frank E Shipley M. D.

Nov. 15, 1915 (Address) Md. Gen. Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 1922

At place of death ..... yrs. ..... mos. 26 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Sparrows Point, Md.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, Nov 20, 1915
Irwin	
20-UNDERTAKER W. H. Hackney	ADDRESS Towson

Spec.—8-24-14—M. & T.—2000 Bks.

C89762

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89762

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda Jackson

(Residence in Baltimore: No. 1325 Woodyear Street St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, April 6th (Month) (Day), 1914. (Year)

7-AGE. 1 yrs. 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. Jackson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Cora Dalton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Rogel

(Address) Johns Hopkins Hosp.

15-
Filed NOV 21 1915, 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 20th (Month) (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 19th 191., to Nov. 20th 1915., that I saw h[illegible] alive on Nov. 20. 191.5., and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis - Influenza

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) ~~Cerebro Spinal~~

(Duration) yrs. ~~mos. 2~~ ds.

(Signed) Gilbert V. Pontal M. D.

Nov. 21st 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 1 yrs. 9 mos. 14 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1325 N Woodyear St.

19-PLACE OF BURIAL OR REMOVAL, Magothy A.A. Co. Md. DATE OF BURIAL, Nov 21 1915

20-UNDERTAKER John H Scudrin ADDRESS 1422 Mosher

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2300 Blks.

C89763 C89763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1234 N Port ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ridgely

(Residence in Baltimore: No. 1737 N Port St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing[le]

6-DATE OF BIRTH, Nov 19, 191[5] (Month) (Day) (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, 10 hrs. or...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, W. E. Ridgely

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E Lenzi

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Ridgely

(Address) 1737 N Port Ave

15- NOV 21 1915 DEPT OF HEALTH, Filed ..., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 19, 191[5] (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19 191[5], to Nov 19 191[5], that I saw her alive on Nov 19 191[5], and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(7 mo. Foetus)

(Duration)...yrs...mos...1...ds.

CONTRIBUTORY (Secondary) Premature Birth

(Duration)...yrs...mos...ds.

(Signed) B P Herzog MD M. D.

Nov 20, 191[5] (Address) 1305 N Patt Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cem — DATE OF BURIAL, Nov 20, 191[5]

20-UNDERTAKER J Herzog & Co — ADDRESS 2008 Aliceanna

C89764

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C89764

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 710 Sterling ST. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie B Stevenson

(Residence in Baltimore: No. 710 Sterling St.: 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month) (Day), 1870 (Year)

7 AGE: 25 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Cambridge, Md

PARENTS

10 NAME OF FATHER: John W. Stanley

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Gertrude Jolly

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma. Wilson,

(Address) 710 Sterling St

15 Filed NOV 21 1915, 191 BURT O. ANDERS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 18 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1915, to Nov 18 1915, that I saw h[illegible] alive on Nov 18, 1915, and that death occurred, on the date stated above, at 1.50 p m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) S Hutchinson M. D.

Nov 18, 1915 (Address) 1202 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Nov 21, 1915

20 UNDERTAKER: Robt. F. Elliott — ADDRESS: 516 Roger Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89765 C89765

CERTIFICATE OF DEATH. — 189

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1304 Mulliken St. Ward) REGISTERED No. C

2-FULL NAME Samuel Butler

(Residence in Baltimore: No. 1304 Mulliken St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) November (Day) 1892 (Year)

7-AGE, 23 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, Chas Butler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Katie Riggs

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph T Butler

(Address) 1304 Mulliken St.

15- NOV 21 1915 HARRY O ARNOLD,
Filed....., 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Nov (Day) 15th, (Year) 1915

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Natural Causes

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.
(Coroner.)

Nov 24, 1915. (Address) 456 Mulliken Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laud Cemetery — DATE OF BURIAL, Nov 21, 1915

20-UNDERTAKER Robt A. Elliott — ADDRESS 516 East Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Schickner

CERTIFICATE OF DEATH.

10

C89766

1-PLACE OF DEATH

REGISTERED NO. C 89766

CITY OF BALTIMORE: (No. 1011 Patapsco ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Schickner

(Residence in Baltimore: No. 1011 Patapsco St.; 59 yrs., 4 mos. 27 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 21, 1856 (Month) (Day) (Year)

7-AGE, 59 yrs. 4 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas Schickner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Dorothea Kuhn

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Eva Cradman

(Address) 1011 Patapsco

15-

Filed NOV 21 1915 191.... [illegible] Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8 1915, to Nov 18 1915, that I saw h[im] alive on Nov 18 1915, and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) 0 yrs. 0 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G. H. Cushing M. D.

Nov 18, 1915. (Address) 3100 Harford Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery

DATE OF BURIAL, 21, 1915.

20-UNDERTAKER W. J. & M. J. Flynn

ADDRESS 1455 Light

Spec—6-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Sanders St.: 24 WARD) REGISTERED No. C 103

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lauretta Waters

(Residence in Baltimore: No. 408 Sanders St.: 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. Not Known (Month), 1 (Day), ... (Year)

7-AGE. 76 (about) yrs. ..... mos. ..... ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER. Ollie Johnson

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. W. Waters

(Address) 408 Sanders St

15- CLERK'S ASSISTANT

Filed NOV 21 1915, 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9th Nov 1915, to 21st Nov 1915, that I saw h e alive on 20th Nov 1915, and that death occurred, on the date stated above, at 4:30A m.

The CAUSE OF DEATH* was as follows:

.....

Senility, Exhaustion

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Indigestion

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) James Flynn M. D.

21 Nov., 1915. (Address) 1505 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cemetery	Nov 23, 1915
20-UNDERTAKER. W. F. & M. J. Flynn	ADDRESS 1422 Light St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-28-14—M. & T.—2000 Bks.

C89763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89763

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N Eden St ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Givens

(Residence in Baltimore: No. 211 N Eden St St.; ....yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Nov 28 1910, 1 (Month) (Day) (Year)

7-AGE, 4 yrs. 11 mos. 20 ds. | If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ramie Givens

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Woodlin Pendel

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rammie Givens

(Address) 211 N. Eden St.

15-

Filed NOV 21 1915 191 HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1914, to Nov 18 1915, that I saw h er alive on Nov 17 1915, and that death occurred, on the date stated above, at 11 30 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) — yrs. — mos. 14 ds.

(Signed) A T Roedar M. D.

Nov 21 1915 (Address) 1902 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cem.	Nov. 21, 1915.
20-UNDERTAKER	ADDRESS
Wm J. G. Locke	1302 Jefferson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C89769

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89769

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 3011 Westwood Ave ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Price

(Residence in Baltimore: No. 3011 Westwood Ave ST. Lifetime yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: July (Month) 14, (Day) 1872 (Year)

7-AGE: 43 yrs. 4 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Albert Price

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Harriet Adams

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hattie G Brumbaugh

(Address) 3011 Westwood Ave

15. Filed NOV 21 1915, 191

HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 20 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191.., to Nov 20 1915, that I saw h.. alive on Nov 16 1915, and that death occurred, on the date stated above, at 5:15 p.m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Duration) 3 yrs. 1 mos. ds

Contributory (SECONDARY) Bronchitis

(Duration) ..... yrs. ..... mos. ds.

(Signed) J G Bellamann M. D.

Nov 20, 1915 (Address) 815 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Nov 23 1915

20-UNDERTAKER: Wilbur H Shaw — ADDRESS: 1016 E Lanvale ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hosp ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. Collins

(Residence in Baltimore: No. 7 N. Pentalow St.: yrs., Life time mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 27 (Day), 1868 (Year)

7-AGE, 47 yrs. 4 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Street Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer): Labor

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER, Patrick J. Collins

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Bridget Coffey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily Collins

(Address) 7 N. Pentalow

15- Filed NOV 21 1915, 191... HARRY O. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Thrombosis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. J. Jeffers (Coroner) M. D.

Nov 21, 1915 (Address) 242 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Lombard & Fremont Sts

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Nov 22 1915
20-UNDERTAKER	ADDRESS
Geo. A. Gerber	Baltimore St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

103

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1162 N. Callington Ave ST.; 6 WARD)

2-FULL NAME Mrs. H. Poplar

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

(Residence in Baltimore: No. 1162 N Callington Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: July 18 (Month) (Day), 1915 (Year)

7-AGE: ..... yrs. 4 mos. 3 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Wm Poplar

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Barbara Zimmerman

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. H. Poplar

(Address) 1162 N Callington Ave

15- NOV 21 1915 Filed ..... 191 ..... Burial Permit 31814

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 21 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1915, to, Nov 21 1915, that I saw h.. alive on Nov 21 1915, and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) ..... yrs. ..... mos. 6 hr ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Eugene F. Bruce M. D.

Nov 21, 1915 [Address] 1162 N Callington Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Johnson Cemetery — DATE OF BURIAL: Nov 21, 1915

20-UNDERTAKER: Rod. Turner — ADDRESS: 14 & 24 Druid

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89772 15V C89772

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hughes

(Residence in Baltimore: No. 2815 Guilford Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. (Month) 18 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Raymond Hughes

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Emma Koerner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas F. Moore

(Address) Mercy Hospital

15- NOV 22 1915 ROBERT J. KRAUTH, Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1915, to Nov 20 1915, that I saw h[er] alive on Nov 14 1915, and that death occurred, on the date stated above, at 5:50 p.m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Congestion

with Hemorrhage

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward P. Smith M. D.

Nov 20, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	11/21, 1915.
20-UNDERTAKER Henry W. Means & Son	ADDRESS 1050 N. Gaten

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Sister May Bonaventure Mulcahy

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89773 — 1915 — C89773

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Convent of Good Shepherd St.: Caluvia Road 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister May Bonaventure Mulcahy

(Residence in Baltimore: No. Convent of Good Shepherd St.: Calvaria 28 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: October —, 1865 (Month) (Day) (Year)

7-AGE: 50 yrs. 1 mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Sister of Good
(b) General nature of industry, business, or establishment in which employed (or employer): Shepherds

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Thomas Mulcahy

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary McCormick

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) From record of Institution

(Address) Convent

15. Filed NOV 22 1915, 191

ROBERT J. KRAUTHER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 21, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby, 1915, to. Nov 21 1915, that I saw her alive on Nov 21, 1915, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Chronic intestinal nephritis
Associated with Valv Heart Lesion

Valv Heart Lesion (Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Chr. intestinal nephritis

about (Duration) 1 yrs. mos. ds.

(Signed) A. St Gaston M. D.

Nov 21, 1915 (Address) 432 Mary St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death 13 yrs. mos. ds. In the State 28 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov. 22, 1915

20-UNDERTAKER: George Lehnert & Bro — ADDRESS: 2101 Eutaw Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X28 (89771)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Provincial dead Mercy Hospital St. ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma J. Kirk

(Residence in Baltimore: No. Phila. Pa. 4351 Josephine St. St.; yrs., mos. ds.)

unknown

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, unknown (Month), 1 (Day) (Year)

7-AGE, about 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, John Moss

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Ellis - Brother in law

(Address) 3213 Baseley St.

15- Filed NOV 22 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. R. Chamberlain (Coroner.) M. D.

Nov 21, 191.5 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Nov 22, 19.15
20-UNDERTAKER Walter Owens	ADDRESS 918 Myrtle Ave

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89775

CERTIFICATE OF DEATH.

28 C89775

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 N Chapel ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Reid

(Residence in Baltimore: No. 1305 N Chapil St.; ..... yrs., 1 mos. ..... ds.)

Wife

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dont Know ....., 1858
(Month) (Day) (Year)

7-AGE, 30 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer At Home
(b) General nature of industry, business, or establishment in which employed (or employer) Double teams

9-BIRTHPLACE, (State or Country), Balto. city

PARENTS.

10-NAME OF FATHER, Wm. H. Reid

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary A Gross

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Reid Taylor

(Address) 1633 St. Joseph St.

15- Filed NOV 22 1915, 191.....

ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1915, to Nov. 20 1915, that I saw h[illegible] alive on Nov 20 1915, and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(2 Yr. Chronic) Contributory

Influenza (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy Bronchitis

3 weeks (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward T. Fisher M. D.

Nov 22, 1915. (Address) 16 E Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dove Cemty — DATE OF BURIAL, Nov 23., 1915.

20-UNDERTAKER John H Owens — ADDRESS 1771 Dru[illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CB9778 CB9778

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 37

CITY OF BALTIMORE (No. 1426 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) Life

2-FULL NAME Carrie Gertrude Johns

(Residence in Baltimore: No. 1426 Division St.; ..... yrs., ... mos. ..... ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Col	Single

6-DATE OF BIRTH, June 26th, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. 24 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. City

PARENTS.

10-NAME OF FATHER, Moses E. Johns

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maggie Norris

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Norris

(Address) 1426 Division St

15- NOV 22 1915 ROBERT . KRAUTER, Registrar.

Filed ....., 191.... Assist. Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 21st, 19 15 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 8th 1915, to Nov. 21st 1915, that I saw h.... alive on Nov. 16th 1915, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Manitus

..... (Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Pyloric Stenosis

..... (Duration) 0 yrs. 4 mos. 24 ds.

(Signed) H. Lee Ellett M. D.

11/24, 1915. (Address) 924 Mosher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death:

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Auburn	Nov. 23., 1915
20-UNDERTAKER John H. Owens	ADDRESS 1722 Penn Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 89

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2124 E. Chase, St. 23 WARD)

2-FULL NAME Susan Shuffler

(Residence in Baltimore: No. 2124 E. Chase St.) (If non-resident, give usual place of abode.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 20 (Month) (Day), 1848 (Year)

7-AGE, 67 yrs. — 29 mos. — ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Servant

9-BIRTHPLACE, (State or Country), Frederick Md

PARENTS.

10-NAME OF FATHER, Charles Shuffler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Knod

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Merkel

(Address) 2124 E. Chase St

15- Filed NOV 22 1915, 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 18th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17 1915, to Nov 19th 1915, that I saw h-r alive on Nov 19th 1915, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Acute

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) ....M. D.

Nov. 21, 1915. (Address) ....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL, Nov 22, 1915.

20-UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Edmondson Ave

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Lucile Cooper.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89773 C89773

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Keyser St. 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucile Hooper

(Residence in Baltimore: No. 2004 Keyser St.; 10 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 12, 1893
(Month) (Day) (Year)

7-AGE, 22 yrs. 4 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, George Curtis

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Grace Foltz

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emmett Cooper

(Address) 2004 Keyser St

15- NOV 22 1915 Filed....., 191.... ROBERT . KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1915, to Nov. 20, 1915, that I saw h[illegible] alive on Nov. 19, 1915, and that death occurred, on the date stated above, at 8[illegible] m.

The CAUSE OF DEATH* was as follows:

Lung Pneumonia Acute Edema

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Pleurisy with effusion

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. C. Johnson M. D.

Nov 20 1915 (Address) 611 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cemetery Nov	23, 1915.
20-UNDERTAKER	ADDRESS
Milton Davis	1608 McElderry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C89779

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C89779

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 320 S. Exeter St. 3 Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary McMahon

(Residence in Baltimore: No. 320 S. Exeter St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Nov 19th, 1845 (Month) (Day) (Year)

7-AGE: 70 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: John Dunn

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Naylor

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John McMahon

(Address) 320 S Exeter St.

15. NOV 22 1915 Filed ..... 191 ROBERT . KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 19, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1915, to Nov 19 1915, that I saw her alive on Nov 18, 1915, and that death occurred, on the date stated above, at 4:50 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY): Paralysis

(Duration) yrs. mos. 1 ds.

(Signed) C. G. Rusk M. D.

Nov 19, 1915 (Address) 2002 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Patricks — DATE OF BURIAL: Nov 22nd 1915

20-UNDERTAKER: Lilly & Zeiler — ADDRESS: 403 N. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

089760 089780

CERTIFICATE OF DEATH.

5-64

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 628 N. Caroline ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Stiles

(Residence in Baltimore: No. 628 N. Caroline St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Col	Widow

6-DATE OF BIRTH. ..... (Month) Unknown (Day) ....., 18[illegible] (Year)

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Archie Chase

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Stiles

(Address) 628 N. Caroline St

15- Filed NOV 22 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 20, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19 1915, to Nov 20 1915, that I saw her alive on Nov. 20 1915, and that death occurred, on the date stated above, at 11 3/4 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. B. Robinson M. D.

Nov. 22, 1915 (Address) 611 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Nov. 24, 1915

20-UNDERTAKER Robt. A. Elliott — ADDRESS 4th. East. St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~C89781~~ 92 ~~C89781~~

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 141 Coburn St.: 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Dommerville

(Residence in Baltimore: No. 141 Coburn St.: 46 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male.

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November (Month) 1 (Day), 1869 (Year)

7-AGE: 46 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General.

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: John. Primrose

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Jennie Smith

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jannie Dommerville

(Address) 141 Coburn St

15. Filed NOV 22 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1915, to Nov 21 1915, that I saw h[illegible] alive on Nov 17, 1915, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Chas J Kolb M. D.

Nov 20, 1915 (Address) 20 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Nov 22 1915

20-UNDERTAKER: Robt. A. Elliott

ADDRESS: 524 Rogers Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89782 ×120 C89782

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Elzy.

(Residence in Baltimore: No. ← St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): ?

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 69 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Pocomoke city Md

PARENTS.

10-NAME OF FATHER: Do not Know

11-BIRTHPLACE OF FATHER (State or Country): " " "

12-MAIDEN NAME OF MOTHER: " " "

13-BIRTHPLACE OF MOTHER (State or Country): " " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. L. Wright, Supt.

(Address) Md. Genl Hosp.

15- NOV 22 1915 Filed ....., 191... ROBERT . KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 10th 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 23rd 1915, to Nov. 10th 1915, that I saw him alive on Nov 10th 1915, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

?

Chronic Interstitial Nephritis

? (Duration) ..... yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Mitral Regurg

(Duration) ..... yrs. ? mos. ? ds.

(Signed) Frank E Shipley M. D.

Nov. 11th, 191... (Address) Md Gen Hospl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 17 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Pocomoke City, Md.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

NOV 19 1915 Commissioner Health.

FOR ANATOMICAL PURPOSES.

Morgue

Cleveland Trent.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89783 C89783

1 PLACE OF DEATH St Elizabeth Home REGISTERED No. C 4 37

CITY OF BALTIMORE: (No. ... St.; 4 ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cleveland Trent

(Residence in Baltimore: No. St. Paul St ... St.; yrs. 10 mos. 4 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6-DATE OF BIRTH: Mr (Month) 13 (Day) 1905 (Year)

7-AGE: yrs. 10 mos. 4 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Cleveland Trent

11-BIRTHPLACE OF FATHER (State or country): U. S.

12-MAIDEN NAME OF MOTHER: Fred Trent

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15- Filed NOV 22 1915 ROBERT . KRAUTKR, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nr (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31, 1915, to, Nov 17 1915, that I saw h... alive on Nov 16 1915, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) yrs 10 mos. 4 ds

Contributory (SECONDARY)

(Duration) yrs mos. ds

(Signed) Edgar F... M. D.

Nov 16 ,191 [Address] 10 E Lombard

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ... , 191

20-UNDERTAKER | ADDRESS

JOHNS HOPKINS HOSPITAL NOV 17 1915 FOR ANATOMICAL PURPOSES ONLY

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89781 C89781

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH Home for Incurables REGISTERED No. C

CITY OF BALTIMORE: (No. Guilford Av. 21st ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane B. Timanus

(Residence in Baltimore: No. Home for Incurables St.; ..... yrs., 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. 17, 1866 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
49 yrs. ..... mos. 4 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Invalid
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jacob H. Timanus

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Amelia Mayhurst

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs W. O. Inglis

(Address) 910 Penna Ave

15- Filed NOV 22 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 21, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1915, to Nov 21 1915, that I saw her alive on Nov 21 1915, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Contributory Cancer of Breast

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Rheumatoid Arthritis

..... (Duration) 25 yrs. ..... mos. ..... ds.

(Signed) C. H. Galvat M. D.

Nov. 21, 191.6. (Address) 2413 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. 5 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 910 Pa Ave.

Former or usual residence 910 Penna Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Cemetery	Nov 24, 1915
20-UNDERTAKER	ADDRESS
Mrs A Rohde & Son	730 Park Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89785

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 Rose St. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Ennis

(Residence in Baltimore: No. 332 Rose St. St.: 2 yrs., 11 mos. 25 ds.)

N. B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, (Write) OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Apr. (Month) (Day) 1850 (Year)

7-AGE, 65 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labour
(b) General nature of industry, business, or establishment in which employed (or employer): General.

9-BIRTHPLACE, (State or Country), Dorsey Howard Co. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Annie Ennis

13-BIRTHPLACE OF MOTHER (State or Country), Dorsey. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Briscoe

(Address) 332 Rose St

15- NOV 22 1915 Filed ....., 191.... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 19th (Month) (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 12th 1915, to Nov. 19th 1915, that I saw h[illegible] alive on Nov. 19th 1915, and that death occurred, on the date stated above, at 9.30 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Broncheal)

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

11/24/15, 191... (Address) 625 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Mont Auburn

DATE OF BURIAL, Nov. 22, 1915.

20-UNDERTAKER John H Owens

ADDRESS 1222 Druid

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 89783 64 C 89786

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 E. Hughes ST.; 27 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Ozman

(Residence in Baltimore: No. 122 E. Hughes St.; 82 yrs., 4 mos. 23 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, June (Month) 28 (Day), 1833 (Year)

7-AGE, 82 yrs. 4 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tug boat
(b) General nature of industry, business, or establishment in which employed (or employer): Captain

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Henry C. Ozman

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Woods

(Address) 122 E. Hughes

15- NOV 22 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 21 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 19 1915, to Nov 21 1915, that I saw him alive on Nov 20 1915, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. A. Smith M. D.

Nov 22, 1915 (Address) 708 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, Nov 22, 1915

20-UNDERTAKER John Cook

ADDRESS 502 E. Pratt

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89787

HEALTH DEPARTMENT--CITY OF BALTIMORE

C89787

CERTIFICATE OF DEATH

122

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. Biddle & Fallsway ~~St.~~ WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Katie Heath

(Residence in Baltimore: No. 1908 Greenmount Ave St. 38 yrs. 3 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Aug 17, 1877 (Month) (Day) (Year)

7 AGE: 38 yrs. 3 mos. 17 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Joseph Fagen

11 BIRTHPLACE OF FATHER (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Margaret Tatem

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard R. Heath

(Address) 1908 Greenmount Ave

15 Filed NOV 22 1915 ROBERT . KRAUSE Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 21, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1915, to Nov 21 1915, that I saw h[illegible] alive on Nov 21, 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pyelo Nephritis

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Operation for Carbuncle of neck (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Potter M. D.

Nov 21, 1915 (Address) 508 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. 4 ds.

Where was disease contracted, if not at place of death? 1908 Greenmount Ave

Former or usual residence 1908 Greenmount Ave

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov 24, 1915

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89783

CERTIFICATE OF DEATH.

92 C89788

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.: 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Slaine

(Residence in Baltimore: No. 2305 Adams St. St.; 50 yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct (Month) 13 (Day), 1865 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. 1 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Std Oil Co

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Jos W. Slaine

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Bridget Mooney

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna M. Slaine

(Address) 2305 Adams St.

15- NOV 22 1915 Filed....., 191.....

HOLMES, KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1915, to Nov 20 1915, that I saw h[illegible]alive on Nov 20 1915, and that death occurred, on the date stated above, at 12.40 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) ... Cerebral Embolism

(Duration) 2 yrs. ... mos. 1 ds.

(Signed) Edward P. Smith M. D.

Nov 20..., 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 6 ds. In the State 50 yrs. 1 mos. 7 ds.

Where was disease contracted, if not at place of death? ~~at~~ 2305 Adams St

Former or usual residence 2305 Adams St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Nov. 23, 1915
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Bks.

C89783 C89789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 849 Linden ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Waters or Morton

(Residence in Baltimore: No. 849 Linden ave St.; unknown yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH. Dont Know (Month), (Day) 1 (Year)

7-AGE, 55 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. Brennan

(Address) 905 St. Paul St.

15- NOV 22 1915 ROBERT J. KRAUTER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 21st, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 21st 1915, to Nov 20th 1915, that I saw h[illegible] alive on Nov 21st 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Acute

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) — yrs. — mos. 7 ds.

(Signed) Richard McSherry M. D.

Nov 21st, 1915. (Address) 1301 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL, Nov. 23., 1915.

20-UNDERTAKER Felix B. Pope

ADDRESS 1122 Mulberry St

Spec.—5-19-13—M. & T.—500 Blks.

C89790

HEALTH DEPARTMENT—CITY OF BALTIMORE

103

C89790

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 N. Belnord ave. St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine M. Sorber

(Residence in Baltimore: No. 29 N. Belnord ave St.; 12 yrs., 11 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 20 (Day), 1902 (Year)

7-AGE, 13 yrs. 11 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Andrew Sorber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Smith

(Address) 29 N. Belnord ave

15- NOV 22 1915 ROBERT . KRAUTHER,

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 22 (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from July 10 1915, to Nov 22 1915, that I saw h[illegible] alive on Nov 22 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

(Duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Feeble muscles

(Duration) 16 yrs. mos. ds.

(Signed) C. C. Hearn M. D.

Nov 24 1915. (Address) 2600 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Nov. 24., 1915.

20-UNDERTAKER Jos. J. Kerr ADDRESS 1914 E. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89791 — 91 — C89791

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1331 Richardson ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Krasniewski

(Residence in Baltimore: No. 1331 Richardson St.; 1 yrs., 4 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Single

6-DATE OF BIRTH. July (Month) 1 (Day) 1914 (Year)

7-AGE. 1 yrs. 4 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ludwick Krasniewski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Annie Nowalowski

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Krasniewski

(Address) 1331 Richardson

15- NOV 22 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 17 1915, to Nov 20 1915, that I saw him alive on Nov 20 1915, and that death occurred, on the date stated above, at 8P m.

The CAUSE OF DEATH* was as follows:

Bronco Pneumonia

Contributory (Duration)...0...yrs...0...mos...14...ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos...ds.

(Signed) [illegible] M. D.

Nov 21, 1915 (Address) 3100 Hanford Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Nov. 22 1915
20-UNDERTAKER	ADDRESS
William Fialkowski	1618 Eastern

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89792 92 C89792

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Riggs Ave. St.: 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Jones

(Residence in Baltimore: No. 1303 Riggs Ave. St.; 18 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
male	colored	married

6-DATE OF BIRTH: September (Month) ..... (Day) 1856 (Year)

7-AGE: 59 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Annapolis Md

PARENTS

10-NAME OF FATHER: Richard Jones

11-BIRTHPLACE OF FATHER (State or country): Annapolis Md

12-MAIDEN NAME OF MOTHER: Susan West

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Maggie Jones

(Address) 303 Riggs Ave

15- Filed NOV 22 1915 ROBERT , KRAUSS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 19 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1915, to Nov. 19 1915, that I saw him alive on Nov. 19 1915, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

— (Duration) — yrs. — mos. 10 ds.

Contributory (SECONDARY): Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Jno. J. Wheatley M. D.

11/19, 1915 [Address] 223 S. Hanover

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Nov 22 1915

20-UNDERTAKER: Samuel Tinsley — ADDRESS: 5th & Biddle

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C89793 C89793

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miles Wright

(Residence in Baltimore: No. 434 W. Cross St. St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. May 7th (Month) (Day), 1876 (Year)

7-AGE. 39 yrs. 4 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Stable work
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Virginia

PARENTS.

10-NAME OF FATHER. Wm. Wright

11-BIRTHPLACE OF FATHER (State or Country). North Carolina

12-MAIDEN NAME OF MOTHER Wm Keddey

13-BIRTHPLACE OF MOTHER (State or Country). North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Rozzel

(Address) Johns Hopkins Hospital

15- Filed NOV 22 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. 19th (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1915, to Nov. 19th 1915, that I saw him alive on Nov. 19th 1915, and that death occurred, on the date stated above, at 6½ P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Head of Pancreas

(Duration) yrs. 6 mos. 20 ds.

CONTRIBUTORY (Secondary) Operation

(Duration) yrs. mos. 15 ds.

(Signed) C S Davis M. D.

Nov. 19, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State Y yrs. mos. ds.

Where was disease contracted, if not at place of death? L

Former or usual residence 434 W. Cross Street

19-PLACE OF BURIAL OR REMOVAL. Portsmouth Va

DATE OF BURIAL. Nov. 22, 1915

20-UNDERTAKER John H. Toadvine

ADDRESS 142 W. Hill St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89794 — 109 — C89794

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Peach alley ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah [redacted] Morgan Thomas

(Residence in Baltimore: No. 916 Peach Alley. St.; Lifetime yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1870 (Year)

7-AGE, 45 yrs. 45 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Bailey

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Frances Freeman

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Hicks

(Address) 916 Peach Alley

15- Filed NOV 22 1915 191 ROBERT T. KRAUTER, BURIAL PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11 191, to Nov. 18 1915, that I saw her alive on Nov 18 1915, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Chronic Nephritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. T. Kemp M. D.

Nov. 20., 1916. (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Nov. 23, 1915
20-UNDERTAKER	ADDRESS
John H. Tadvin	1426 W. Mill St.

U.S.A. DEATH

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~89795~~ 151 ~~89795~~

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Patterson pl. St.) 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf of Julia A & Jesse J. Jones

(Residence in Baltimore: No. 1309 Patapsco st St.: yrs., mos. 2 da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 20th, 1915.
(Month) (Day) (Year)

7-AGE, ~ yrs. ~ mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Jesse J. Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Julia A. Croft

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James J. Jones

(Address) 1309 Patapsco St.

15- NOV 22 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22nd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20th 1915, to Nov 22nd 1915, that I saw him alive on Nov 21st 1915, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

a Premature birth
6 mos

(Duration) yrs. mos. ds.

CONTRIBUTORY. a Premature birth
(Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Nov 22 191 5 (Address) 1421 Eutaw pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem.	Nov. 22, 191 5
20-UNDERTAKER	ADDRESS
Edw. J. Banning	1460 Battery

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89793 C89793

CERTIFICATE OF DEATH.

x40

1-PLACE OF DEATH. REGISTERED No. C

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Frank Hentzy

(Residence in Baltimore: No. Church Home Infirmary St.; yrs., mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1857 (Year)

7-AGE, 58 yrs. mon. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Manufacturer Spun
(b) General nature of Industry, business, or establishment in which employed (or employer). Own yarn factory

9-BIRTHPLACE, (State or Country). Italy

PARENTS.

10-NAME OF FATHER, L Hentzy

11-BIRTHPLACE OF FATHER (State or Country) France

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Lorraine Hentzy

(Address) Fairmont, West Virginia

15- NOV 22 1915 ROBERT , KRAUTER,
Filed, 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month.) 21st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Nov 21 1916, that I saw him alive on Nov 21 1915, and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia. Mitral Pulmonary Sclerosis
Carcinoma of Oesophagus
Spent Ulcer

(Duration) 1 yrs. mns. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) E H Decker M. D.

Nov 22, 1915. (Address) Church Home Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 da. In the State yrs. mos. 5 da.

Where was disease contracted, if not at place of death? Pneumonia contracted in hospital

Former or usual residence 45 St & Clarke Ave Fairmont W. Va.

19-PLACE OF BURIAL OR REMOVAL, Fairmont W. V.

DATE OF BURIAL, 11/22, 1915

20-UNDERTAKER Harry C. Hughes

ADDRESS 175 Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Salome Mc Cauley.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

C85797

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Cedar Av ST.; 13 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salome McCauley

(Residence in Baltimore: No. 3016 Cedar Av St.: yrs., 5 mos., 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 6 (Month) 3 (Day) 1915 (Year)

7-AGE, ...yrs. 5 mos. 18 ds.

If LESS than 1 day, ...hrs. or....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md. 3016 Cedar Av

PARENTS.

10-NAME OF FATHER, Geo McCauley

11-BIRTHPLACE OF FATHER (State or Country), Balt City.

12-MAIDEN NAME OF MOTHER Carrie Hord

13-BIRTHPLACE OF MOTHER (State or Country), Balt City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo McCauley

(Address) 3016 Cedar Av

15- NOV 22 1915 ROBERT J. KRAUTER Burial Permit Clerk

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-19 1915, to 11-21 1915, that I saw h[illegible] alive on 11-21 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) Patent Foramen Ovale

(Duration) ....yrs. 5 mos. ....ds.

(Signed) C. J. Cowdell M. D.

11-22 1915 (Address) 327 W Roland Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, Nov 23 1915.

20-UNDERTAKER Chenowith Son — ADDRESS Chestnut Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

C89793

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 239 Arch ST.; 4 WARD)

2-FULL NAME Roland Nichols

(Residence in Baltimore: No. 239 Arch St.: ..yrs. ..mos. ..ds)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Life

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Oct. 21, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md Balto

PARENTS.

10-NAME OF FATHER. Roland Nichols

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Sallie Johnson

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Roland Nichols

(Address) 239 Arch St.

15- Filed NOV. 22. 1915. ROBERT . KRAUTER, 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 21, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14 1915, to Nov. 20 1915, that I saw him alive on Nov. 20, 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(Duration) ..yrs. ..mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) Robert J Green M. D.

Nov 22., 1915. (Address) 120½ Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	Nov. 23 1915.

20-UNDERTAKER	ADDRESS
Charles B Jones	1118 N Gartzo

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 C89799 50 C89799

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hahnemann Hospital 11 St. N. Mount WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Bankhead

(Residence in Baltimore: No. 819 N Gilmor St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) (Day), 1843 (Year)

7-AGE, 72 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer). Retired

9-BIRTHPLACE, (State or Country). Maryland Balto.

PARENTS.

10-NAME OF FATHER. Robert Bankhead

11-BIRTHPLACE OF FATHER (State or Country). Scotland

12-MAIDEN NAME OF MOTHER Ann Hueber Strider

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ruth Ziegler

(Address) 1004 N. Fulton ave

15- NOV 22 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1915, to Nov 20 1915, that I saw her alive on Nov 20 1915, and that death occurred, on the date stated above, at 3.27 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene (Duration) yrs. mos. ds.

(Signed) Wm D Thomson M. D.

11/20/15, 191.. (Address) 330 N Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 72 yrs. mos. ds.

Where was disease contracted, if not at place of death? 819 N. Gilmor St

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Green Mt Cem. DATE OF BURIAL, Nov 22, 191..

20-UNDERTAKER W. J. Edmunds Jr. ADDRESS Norwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89800 C89800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 Springdale ave St., 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Augusta Smith

(Residence in Baltimore: No. 4001 Springdale ave Forest Park St.; 33 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, January 31, 1838 (Month) (Day) (Year)

7-AGE, 77 yrs. 9 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Bermuda

PARENTS.

10-NAME OF FATHER. John W. Smith

11-BIRTHPLACE OF FATHER. (State or Country) Bermuda

12-MAIDEN NAME OF MOTHER Janine A. Smith

13-BIRTHPLACE OF MOTHER (State or Country). Bermuda

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gathen G. Smith

(Address) 4001 Springdale Ave

15- NOV 22 1915 HARRY O. ANDREWS

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1915, to Nov 20 1915, that I saw h[illegible] alive on Nov 20 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Concussion of Spinal Cord

End of Stomach

Clinical Diagnosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY.....
(Secondary)

(Duration) yrs. mos. ds.

(Signed) C. C. Smith M. D.

Nov. 21, 1915. (Address) 4509 Liberty Heights ave West Forest Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL. Nov 23 191...

20-UNDERTAKER George J. Smith

ADDRESS 25 Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 172

Registered No. C

1-PLACE OF DEATH

City of Baltimore (No. 1130 Hanticoke St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna B. Hidgon

(Residence in Baltimore: No. 1130 Hanticoke St.; yrs., Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Jan (Month) 1st (Day), 1848 (Year)

7-AGE, 67 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md. Balto City

PARENTS.

10-NAME OF FATHER, Elizah Carson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hannah Watts

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie McKee

(Address) 1130 Hanticoke St

15-

NOV 22 1915

HEALTH DEPARTMENT

Filed....., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov (Month) 19th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ....Inquest.... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fall down stairs
accident

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Fractured Skull

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ....Aaron Hamburg.... M. D. (Coroner.)

Nov 20th, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Nov 23rd, 1915

20-UNDERTAKER Mr & Mrs John W. Deufel

ADDRESS 801 W. Fayette St.

C89802 2 C89802

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1824 N. Milton Ave St.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Brice Evans Learned

(Residence in Baltimore: No. 1824 N. Milton Ave St., 35 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept 23 (Month) (Day), 1869 (Year)

7-AGE: 46 yrs. 1 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Photo Engraver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Mass.

PARENTS

10-NAME OF FATHER: Francis H Learned

11-BIRTHPLACE OF FATHER (State or country): Mass

12-MAIDEN NAME OF MOTHER: Louisa Hollingsworth

13-BIRTHPLACE OF MOTHER (State or country): Ala.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jane Elizabeth Learned

(Address) 1824 N. Milton Ave

15- NOV 22 1915 Burial Permit Clerk

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 20 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1, 191..., to, Nov 20 1915, that I saw h.. alive on Nov 20 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Septic Pneumonia, Mitral Insufficiency

(Duration) ... yrs 1 mos 20 ds

Contributory (SECONDARY) Acute Dilatation, Heart

(Duration) ... yrs ... mos. ... ds.

(Signed) Emerson C Kilgour M. D.

Nov 22 191 5. [Address] 1719 Eden St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Dolphin Cem. — DATE OF BURIAL: Nov 23 191 5

20-UNDERTAKER: Chas. T. Crane & Son — ADDRESS: 1131 W. Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89903

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89863

(PLACE OF DEATH) REGISTERED NO. C.

CITY OF BALTIMORE (No. 1036 Compton St. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorris Ethel Hill

(Residence in Baltimore: No. 1036 Compton St.: 3 yrs. 2 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: August 31, 1912 (Month) (Day) (Year)

7-AGE: 3 yrs. 2 mos. 21 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: — None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City Maryland

PARENTS

10-NAME OF FATHER: John William Hill

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Lucy Bell Condon

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Myrtle Beauchamp

(Address) 127 E Oswego St

15- (Filed) NOV 22 1915 191 — DEPUTY REGISTRAR, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 21st, 1915, to November 22 1915, that I saw her alive on November 22, 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Scarlet Fever

(Duration) yrs. mos. 2 ds.

(Signed) G. P. Dunton M. D.

1922, 1915 (Address) 301 East Oswego St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery | DATE OF BURIAL: Nov. 23, 1915

20-UNDERTAKER: W. F. W. G. Flynn | ADDRESS: 1422 E. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(C89801) 93 (C89801)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Bayard ST.; 21 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl E. Shamer

(Residence in Baltimore: No. 1236 Bayard St.; 2 yrs., 1 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, Oct (Month) 21 (Day), 1913 (Year)

7-AGE, 1 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Charle Shamer

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Birdie Lebon

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Kramer

(Address) 1236 Bayard St

15- NOV 22 1915 Filed, 191 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 18th 191 5, to Nov 21 191 5, that I saw him alive on Nov 21 191 5, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(b)

(c)

(Duration) 7 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion from Diarrhea

(Duration) yrs. mos. 5 ds.

(Signed) Frederick Dunn M. D.

Nov 22, 1915. (Address) 1227 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Nov. 22 191 5

20-UNDERTAKER John J Bowan & Son

ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Eln.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89805

CERTIFICATE OF DEATH.

151

C89805

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Light ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Martin

(Residence in Baltimore: No. 1720 Light St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov 21, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos....da.

If LESS than 1 day, 8...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md City

PARENTS.

10-NAME OF FATHER, Thomas D. Martin

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Nagle

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Martin

(Address) 1720 Light

15-
Filed NOV 22 1915, 191..
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 21 1915, to Nov 22 1915, that I saw her alive on Nov 22 1915, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:
Birth at 8 mos gestation
Congenital Weakness

(Duration) ....yrs....mos....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....da.

(Signed) Neil Stigler M. D.

11/22, 1915. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, 11/23, 191..

20-UNDERTAKER J. H. McCully

ADDRESS 39 E. Fort.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

C89806

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. [illegible] St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Stein

(Residence in Baltimore: No. 509 S Caroline St.)

St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, February 3, 1888
(Month) (Day) (Year)

7-AGE, 27 yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, John Simmons

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Mattie Segatz

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Simmons

(Address) 509 S Caroline St.

15-

NOV 22 1915

Filed....., 191.. [illegible]
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

[illegible]

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Nov 22, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.1...ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

509 S Caroline St.

Former or usual residence 509 S Caroline St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Leadon P.R.	Nov 23 1915
20-UNDERTAKER Wendell Doppel & Son	ADDRESS 378 N

Spec.—8-24-14—M. & T.—2000 Blks.

C89807

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89807

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1832 Bank ST.; V WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hieber

(Residence in Baltimore: No. 1832 Bank St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. 28th, 1844
(Month) (Day) (Year)

7-AGE, 71 yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Keeper of
(b) General nature of industry, business, or establishment in which employed (or employer): Paint Store

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Hieber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Quitenour

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Regina Hieber

(Address) 1832 Bank St.

15-NOV 22 1915

Filed....., 191.... ....Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 21, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 2 1914, to Nov 20 1915, that I saw h[illegible] alive on Nov 20 1915, and that death occurred, on the date stated above, at 10½ a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Pancreas

(Duration) yrs. 2 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Fred W Inker M. D.

Nov 22, 1915. (Address) 1741 Cant Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Matthias Cem. DATE OF BURIAL, Nov 24, 1915

20-UNDERTAKER Lilly Zuber ADDRESS 403 S. Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89568 C89803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 S Potomac ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Lynch

(Residence in Baltimore: No. 809 S Potomac St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. 21, 1915.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos....ds.	....hrs. or 1 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Joseph Lynch

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Anna Rheem

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Lynch

(Address) 809 S Potomac St

15- NOV 22 1915

Filed....., 191.... Burial Permit Clerk.
Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 21, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from at birth 191 last viewed alive 191, that I saw h 1/2 alive on 191, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature birth

Imp. gestation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. V. Atkeson M. D.

Nov 22, 1915. (Address) 604 S Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St Patrick's	Nov 23, 1915.
20-UNDERTAKER	**ADDRESS**
Lilly Zeiler	1001 Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89809 C89809

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N. Carrollton Ave. 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hazel L. Stroud.

(Residence in Baltimore: No. 208 N. Carrollton Ave. St.: Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec. 29th (Month) (Day), 1913. (Year)

7-AGE, 1 yrs. 10 mos. 22 ds. If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, John T. Stroud

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Hazel K. Sharm

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Stroud

(Address) 208 N. Carrollton Ave

15-

Filed NOV 22 1915, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 22, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 3 1915, to Nov 22 1915, that I saw h[illegible] alive on Nov 22 1915, and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) 2 yrs. 2 mos. 19 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) 2 yrs. mos. ds.

(Signed) Henry Co. Ohle M. D.

Nov 22, 1915. (Address) 1203 N. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Richmond Va. DATE OF BURIAL, Nov. 23 1915

20-UNDERTAKER C. M. Mitchell & Co. ADDRESS 1211 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89810

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1426 Carroll ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Chambers

(Residence in Baltimore: No. 1426 Carroll St.; 34 yrs., 10 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Dec (Month) — 26 (Day) —, 1880 (Year)

7-AGE, 34 yrs. 10 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cart Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Stephen Chambers

11-BIRTHPLACE OF FATHER (State or Country), Kent Co.

12-MAIDEN NAME OF MOTHER Rachel Doney

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Chambers

(Address) 753 Eisler

15- Filed NOV 23 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) — 21 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 31 1915, to Nov 21 1915 that I saw h~~im~~ alive on Nov 20 1915, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) F. C. Funk M. D.

Nov 22 1915 (Address) 313 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem — DATE OF BURIAL. Nov 24, 1915.

20-UNDERTAKER John Flanagan Son — ADDRESS 901 Hollins St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89811 C89811

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1724 Gorsuch Ave ST.; 9 WARD) REGISTERED NO. C 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Kness

(Residence in Baltimore: No. 1724 Gorsuch Ave St.; 12 yrs., 9 mos. 11 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH February 11, 1903 (Month) (Day) (Year)

7-AGE, 12 yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Conrad Kness

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Lenia Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) M. Conrad Kness
(Address) 1724 Gorsuch Ave

15- NOV 23 1915 ROBERT . KRAUTER,
Filed....., 191..... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 21 1915, to Nov 22 1915, that I saw ~~him~~ alive on Nov 22 1915, and that death occurred, on the date stated above, at 1 00 P. m.

The CAUSE OF DEATH* was as follows:
Malignant Scarlet Fever
.....
.....
..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Scarlet Fever
..... (Duration) ....yrs. ....mos. 6 ds.

(Signed) A. D. Carman M. D.
Nov 22, 1915. (Address) 1201 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, November 23, 1915

20-UNDERTAKER Henry Horn & Son — ADDRESS 1301 E Eutaw St

2 30 P. M.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C 89512 167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 56 Forest Park Ave St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genevieve Shorb

(Residence in Baltimore: No. 927 N Central ave St.; 16 yrs., mos. 5 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Nov (Month) 14th (Day), 1899 (Year)

7-AGE, 16 yrs. 0 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo. Shorb

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Cecelia Geary

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Shorb

(Address) 927 N Central Ave

15- Filed NOV 23 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 22nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cellulitis Buccal 2nd degree
Septicemia Acute

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Edema Pharynx from Burn (Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D. (Coroner.)

Nov 22nd, 1915 (Address) 824 Mattison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 16 yrs. ....mos. 3 ds.

Where was disease contracted, if not at place of death? 927 N. Central Ave

Former or usual residence 927 N Central Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	November 24, 1915
20-UNDERTAKER Henry Hoen Sons	ADDRESS 1301 E Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

Alfred O. Skinner

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89813 C89813

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 Lombard St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Oliver Skinner

(Residence in Baltimore: No. 321 W. Preston St.; 32 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 21 St., 1883.
(Month) (Day) (Year)

7-AGE, 32 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Public

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, James Oliver Skinner

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha Porter

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Oliver Skinner

(Address) 321 W. Preston St.

15-

Filed NOV 23 1915, 191. ROBERT . KRAUTER Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 21 St., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21 St. 1915, to Nov. 21 St. 1915, that I saw him alive on Nov. 21 St. 1915 and that death occurred, on the date stated above, at 3:00 P.M.

The CAUSE OF DEATH* was as follows:

Hyd. T. Broncho-
Pneu

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Tom Elliott M. D.

11/24, 191 5. (Address) 324 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery, DATE OF BURIAL, Nov. 23, 191 5.

20-UNDERTAKER Robert A. Elliott ADDRESS 516 East St

N. B.—Every item of information should be carefully supplied. Accts should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89814

REGISTERED No. C 81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 5 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Jones

(Residence in Baltimore: No. 630 Sterling St.

St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1870 (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Baltimore City. Md.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jennie Johnson

(Address) 630 Sterling St

15- Filed NOV 23 1915 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 20, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 20 191 5, to Nov. 20 191 5, that I saw h[illegible] alive on Nov. 20, 191 5, and that death occurred, on the date stated above, at 10 4 m.

The CAUSE OF DEATH* was as follows:

Aneurism of arch of Aorta

(Duration) Don't know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

11-23-15 191... (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 630 Sterling St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Nov. 23, 191.

20-UNDERTAKER Robert A. Elliott — ADDRESS 506 Rogers Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

126

REGISTERED No. C 89015

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 1704 E Lanvale ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Oliver Griggs

(Residence in Baltimore: No. 1704 E Lanvale St.; 74 yrs., — mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Nov. 6, 1841.
(Month) (Day) (Year)

7-AGE, 74 yrs. mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mariner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm H Griggs

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss A. Griggs

(Address) 1704 E. Lanvale St

15- Filed NOV 23 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 21., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1 1915, to Nov 21 1915, that I saw him alive on Nov 21 1915, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion as Chronic Embolism

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Embolism

(Duration) yrs. mos. 1 ds.

(Signed) A. Winslow M. D.

Nov 21., 1915. (Address) 1540 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1704 E. Lanvale St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Nov. 24., 1915.

20-UNDERTAKER Henry Lutz

ADDRESS 1007 N. Bond St

N.B. Each blank must be filled out correctly, supplying information for the Record. AGE should be given in YEARS, MONTHS and DAYS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 214 Otterbein St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Robinson

(Residence in Baltimore: No. 214 Otterbein St.; unknown yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE. 30 (about) yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). (Fertilizer)

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Griffith

(Address) 214 Otterbein

15- NOV 23 1915 Filed ....., 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Jeffers M. D.

Nov 22 1915 (Address) 242 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Danville Va	Nov 23, 1915
20-UNDERTAKER Geo H Cooper	ADDRESS 607 Little Pac

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89817

CERTIFICATE OF DEATH.

92 C89817

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 N. Calhoun St.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Rodgers Andrews

(Residence in Baltimore: No. 643 N. Calhoun St St.; 7 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	widowed

6-DATE OF BIRTH, 4 (Month) 6 (Day), 1838 (Year)

7-AGE, 77 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Typo
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country), Chester Co. Pa

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ada A. Martin

(Address) 643 N. Calhoun St

15- NOV 23 1915 ROBERT J. KRAUTER, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 7 1915, to Nov 22 1915, that I saw him alive on November 21 1915, and that death occurred, on the date stated above, at 5.20 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 2 yrs. 7 mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) R Bedelson M. D.

11.22, 191.. (Address) 1939 Wilkens

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... dr. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Nov 24, 191..

20-UNDERTAKER Robt A Turner — ADDRESS 442 N Carey

N. B.—Every item of information should be carefully supplied. Address should be given in full. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89813 — C89813

81

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Robinson

(Residence in Baltimore: No. 2209 Hunter st. Est.; ..... yrs., ... mos., ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. 13th, 1915 (Month) (Day) (Year)

7-AGE, 57 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Basil Robinson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Frances Kent

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... S. Rangel

(Address)..... Johns Hopkins Hosp.

15- NOV 23 1915 ROBERT J. KRAUTER Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 22nd, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 20th 1915, to Nov. 22nd 1915, that I saw him alive on Nov. 22nd 1915, and that death occurred, on the date stated above, at 10-4 p.m.

The CAUSE OF DEATH* was as follows:

Termination of Pneumonia,

Uncertain

(Duration) about 3 mos. ds.

CONTRIBUTORY. Unascertained

(Secondary)

(Duration) yrs. mos. ds.

(Signed) P. V. Mcleigh M. D.

Nov. 22nd, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 2209 Hunter St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Nov. 24th, 1915.

20-UNDERTAKER Peter E. Joyce ADDRESS 742 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1113 Mason Alley, St. 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph J. Banks,

(Residence in Baltimore: No. 1113 Mason Alley,

St.: yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH: December (Month) 31st (Day), 1861. (Year)

7-AGE: 53 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter,
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant,

9-BIRTHPLACE (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Louis Banks,

11-BIRTHPLACE OF FATHER (State or Country): Kentucky,

12-MAIDEN NAME OF MOTHER: Matilda Taylor,

13-BIRTHPLACE OF MOTHER (State or Country): Kentucky,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Banks, mother,

(Address) 1113 Mason Alley,

15- Filed NOV 23 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 21st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis,

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. mos. ds.

(Signed) J Frederick Roeder, (Coroner.) M. D.

Nov. 22, 1915. (Address) 3310 W. North Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL: Interment — DATE OF BURIAL, Nov 23 1915

20-UNDERTAKER John C. Rieb — ADDRESS 115 N Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89820 120 C89820

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertie Russell

(Residence in Baltimore: No. 333 W. Preston St.; 39 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, (Month) (Day) 1876 (Year)

7-AGE, 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Geo Grant.

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Martha Scott

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) The deceased

(Address) 333 W. Preston St.

15- NOV 23 1915 Filed, 191. ROBERT . KRAUTKR, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11/21/1915, to 11/22/1915, that I saw h[er] alive on 11/22/1915, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Acute & Chronic Parenchymatous Nephritis

(Duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) not known yrs. mos. ds.

(Signed) Edward Jarolla M. D.

11/22/15 191... (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 39 yrs. mos. ds.

Where was disease contracted, if not at place of death? 333 W. Preston St.

Former or usual residence 333 W. Preston Street

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. Nov. 24, 1915

20-UNDERTAKER Geo. H. Holland

ADDRESS 917 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89821 C89821

CERTIFICATE OF DEATH.

37

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Brooks

(Residence in Baltimore: No. 711 Hunter Court St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, November (Month) 19 (Day), 1915 (Year)

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, 10 hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work \
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Brooks

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Cora Dennis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G Murray Jr MD

(Address)

15-

Filed NOV 23 1915 By ROBERT J. KRAUTER, Registrar. Vital Records Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19, 1915, to Nov 20 1915, that I saw h[illegible] alive on Nov 20 1915, and that death occurred, on the date stated above, at 7:00 m.

The CAUSE OF DEATH* was as follows:

Laceration

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Congenital hydrocele

(Duration) ....yrs. ....mos. ....ds.

(Signed) John G Murray Jr M. D.

....., 191... (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL.	NOV 20 1915
20-UNDERTAKER	ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89822 — 28 — C89822

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1413 Argyle Ave ST.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Forrester

(Residence in Baltimore: No. 1413 Argyle Ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 25, 1865
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, Richard Forrester

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Juliet Hare

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cornelia Johnson

(Address) 1413 Argyle Ave

15- Filed NOV 23 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1915, to Nov 20 1915, that I saw h[illegible]alive on Nov 19th 1915, and that death occurred, on the date stated above, at 1230 M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) mos. 3 ds.

(Signed) S. Paul Hall M. D.

Nov 22, 1916. (Address) 354 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 11/23 1915

20-UNDERTAKER Samuel J Hensley — ADDRESS 578 N Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89823

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89823

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 109 N. Fremont Ave ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Mary Messick

(Residence in Baltimore: No. 109 N Fremont Ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED - WIDOWED. OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: March 20, 1866 (Month) (Day) (Year)

7-AGE: 49 yrs. 8 mos. 2 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Walter Reynolds

(Address) 109 N Fremont Ave

15- NOV 23 1916 — ROBERT . KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20, 1916, to Nov 22 1916, that I saw h[illegible] alive on Nov 22, 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. F. Goodwin M. D.

Nov 22, 1916 (Address) 739 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Nov 25 1916

20-UNDERTAKER: John Flanagan Son — ADDRESS: 901 Hollins St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 220 N. Bruce St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Life

2-FULL NAME Dorothy May Thomas

(Residence in Baltimore: No. 220 N. Bruce St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept. (Month) 30 (Day), 1915 (Year)

7-AGE, ... yrs. 1 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Geo Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Laura Nokes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Thomas

(Address) 220 N. Bruce

15- ROBERT . KRAUTER,

Filed NOV 23 1915 Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 21st, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm H. Savage M. D.
(Coroner)

Nov 21, 1915 (Address) 1779 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem.	Nov. 23 1915
20-UNDERTAKER Wilbert Brown	ADDRESS 302 N Mount St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C089825 — 79 — C089825

PLACE OF DEATH

CITY OF BALTIMORE (No. 518 S. Potomac ST. 1 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Elizabeth A. Sylvester

(Residence in Baltimore: No. 518 S. Potomac St St.; (yrs., 30 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, February 19th, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 9 mos. 1 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Talbot Co. Md

PARENTS.

10-NAME OF FATHER, Chas. W. Willey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susanna Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Myra Randall

(Address) 518 S. Potomac St

15- NOV 23 1915 ROBERT F. KRAUTER, Burial Permit Clerk.
Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 20th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) D. A. Jones M. D.
(Coroner.)

Nov 20, 1915 (Address) 516 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem.	Nov. 23, 1915
UNDERTAKER Lilly & Zeile	ADDRESS 403 N. Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-11—M. & T.—500 Bks. Elizabeth Doetzer.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89826 50 C89826

1-PLACE OF DEATH (Walbrook) REGISTERED NO. C

CITY OF BALTIMORE: (No. 2839 Clifton Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Doetzer

(Residence in Baltimore: No. 2839 Clifton Ave St.; Life yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, April 4, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 7 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michael Wagner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Spiegel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Doetzer

(Address) 2839 Clifton Ave

15-
Filed NOV 23 1915, 191.. ROBERT KRAUTH, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1915, to Nov 21 1915, that I saw h.r alive on Nov. 20 1915, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) 3 yrs. mos. ds.

(Signed) M. A. O'Neill M. D.

Nov 23, 1915 (Address) 108 N. Bethel Av

*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.,	Nov. 24, 191..
20-UNDERTAKER Tilly & Fuhrer	ADDRESS 1038 W. Fay

Spec.—8-24-14—M. & T.—2000 Blks.

John Schaller.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89827 41 C89827

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's German Hospital ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Schaller.

(Residence in Baltimore: No. 103 N. Frederick St. - St.; 70 yrs., mos. ds.)

Nurse to Tuberculosis Nurses Service of John Scheller

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION necessary. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, Dont Know (Month) (Day), 1845 (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Martha Ruhl

(Address) 103 N. Frederick

15- NOV 23 1915 Filed, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 22 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15 1915, to Nov. 22 1915, that I saw him alive on Nov. 22 1915, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum
Pathological Diagnosis
Uremia - Seizures
not known
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
not known
(Duration) yrs. mos. ds.

(Signed) C. C. Turchmidt M. D.

Nov 22, 1915. (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 103 N. Frederick St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191..
Oakland	
20-UNDERTAKER John Herwig	ADDRESS 3000 Elm

FILE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89823 C89823

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 So. Charles ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma F. Mitchell

(Residence in Baltimore: No. 1620 So. Charles St.; 78 yrs., 1 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Widow

6-DATE OF BIRTH, September 30, 1837
(Month) (Day) (Year)

7-AGE, 78 yrs. 1 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bells city

PARENTS.

10-NAME OF FATHER, ? Benton

11-BIRTHPLACE OF FATHER (State or Country), Bells city

12-MAIDEN NAME OF MOTHER Helen ?

13-BIRTHPLACE OF MOTHER (State or Country), Bells Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah J. Mitchell

(Address) 1620 So. Charles.

15. NOV 23 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12 1915, to Nov 22 1915, that I saw h[illegible] alive on Nov 22 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(Duration) ....yrs. ....mos. 03 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. F. Hawkins M. D.

Nov. 23rd, 1915. (Address) 6 Randall St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	Nov. 25, 1915
20-UNDERTAKER William Cook	ADDRESS 772 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S.A. FEETY

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C89829

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 608 Bradley ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grant D. Lynch

(Residence in Baltimore: No. 608 Bradley St.: 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	Colored	married

6-DATE OF BIRTH April 5th, 1880
(Month) (Day) (Year)

7-AGE 35 yrs. 7 mos. 9 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Wagon

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Albert Lynch
11-BIRTHPLACE OF FATHER (State or country): Va
12-MAIDEN NAME OF MOTHER: mary cambell
13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Eva Lynch
(Address) 608 Bradley St

17. Filed NOV 23 1915 ROBERT . KRAUTH Burial Permit Clerk REGISTRAR

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov 22, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1915, to Nov 22, 1915, that I saw h[illegible] alive on Nov 22, 1915, and that death occurred, on the date stated above, at 10 30 p.m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage
Min day (Duration) yrs. mos. ds

Contributory (SECONDARY) Paralysis
(Duration) yrs. mos. 21 ds.

(Signed) Frank M Gruman M. D.
Nov 23, 1915 (Address) Frank M Gruman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Nov 25, 1915
20-UNDERTAKER Daniel Carson	ADDRESS 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Bks.

089630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

089630

8 1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Murray Avenue ST. WARD)

REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank D. Vomastek

(Residence in Baltimore: No. 505 N Chapel St.; 32 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Vomastek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Anna Benes

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Vomastek

(Address) 505 N Chapel St

15- NOV 23 1915 HENRY O ANDREWS, Registrar.
Filed ....., 191...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1915, to Nov 20, 1915, that I saw h[illegible] alive on Nov 20, 1915, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows: —

Pernicious Anaemia

Uremia

Don't know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Frank H. Haase M. D.

Nov 20, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 32 yrs. mos. ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 505 N Chapel St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Nov. 24, 1915.
20-UNDERTAKER	ADDRESS
Frank Crouch & Son	1904 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C89831 C89831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 89

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1124 N. Eden ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Turek

(Residence in Baltimore: No. 1608 Barnes St.; 36 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Not Known ....., 1..... (Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Penna R.R.

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Joseph Turek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Josefa Novak

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Visek

(Address)..... 1608 Barnes St

15-

NOV 23 1915 REGISTRAR'S

Filed....., 191.. Burial Permit .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1915, to Nov 22 1915, that I saw h[illegible] alive on Nov 22nd 1915, and that death occurred, on the date stated above, at 7:45 p.m.

The CAUSE OF DEATH* was as follows:

..... Diabetes Mellitus

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Nov 23, 1915 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Hill	Nov 25, 191..
20-UNDERTAKER	ADDRESS
Frank Brockhoff	1806 Eastwood Ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89832 — 91 — C89832

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 N Stockton ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Diggs

(Residence in Baltimore: No. 1312 N Stockton St.; yrs. 3 mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Baby

6-DATE OF BIRTH: July (Month) 29 (Day) 1915 (Year)

7-AGE: yrs. 3 mos. 1 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Samuel Diggs

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Susie Diggs

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Diggs

(Address) 1312 N Stockton

15- Filed NOV 23 1915 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 20 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1915, to, Nov 20 1915, that I saw h.er alive on Nov 19 1915, and that death occurred, on the date stated above, at 1230A m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs 1 mos ds.

Contributory (SECONDARY): Pneumonia (Bronchial)

(Duration) yrs mos 2 ds.

(Signed) E. William Frey M.D.

Nov 20 1915 [Address] 421 Penna Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion Bal — DATE OF BURIAL: Nov 23 1915

20-UNDERTAKER: James H Dennis — ADDRESS: 303 Gilmor

Spec.—8-24-14—M. & T.—2000 Bks.

C89833 C89833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Derby Lane nr Old Pimlico Road (St.) 64 (WARD) 15

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Oliver Bowsler

(Residence in Baltimore: No.) Same Derby Lane, St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Males	White	Married

6-DATE OF BIRTH. Feb 16, 1854
(Month) (Day) (Year)

7-AGE. 61 yrs. 9 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Formerly Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): Sowers Printing Co.

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Saml H Bowsler

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Mary Hildebrandt

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Saml H Bowsler

(Address) Derby Lane

15- Filed NOV 23 1915, 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 22nd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 18, 1915, to Nov 21 1915, that I saw h— alive on Nov 21 1915, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Emmett O'Connor M. D.

11-22, 1915. (Address) 1411 Mad Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge — DATE OF BURIAL. 11/24, 1915

20-UNDERTAKER Gr. Weber & Son — ADDRESS 2343 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2103 Lyndhurst street, ST. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Albrecht,

(Residence in Baltimore: No. 725 Columbia avenue, St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed,

6-DATE OF BIRTH, September (Month) 15th (Day) 1841. (Year)

7-AGE, 74 yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Germany,

PARENTS.

10-NAME OF FATHER, John Lechner,

11-BIRTHPLACE OF FATHER (State or Country). Germany,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country). Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Mayer, son-in-law,

(Address) 2103 Lyndhurst street.

15- NOV 23 1915 Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 21st. (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage,

(Duration) yrs. 1/2 hour,

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kempit M. D.
(Coroner.)

Nov. 22, 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1/2 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 725 Columbia ave.

19-PLACE OF BURIAL OR REMOVAL, Baltimore City

DATE OF BURIAL, Nov 24, 1915

20-UNDERTAKER A. C. Meyer & Sr

ADDRESS Pimlico Md

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

REGISTERED No. C 89835

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2706 N. Charles St.; 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Walter Gunts

(Residence in Baltimore: No. 2706 N. Charles St.; 71 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, April (Month) 11 (Day), 1864 (Year)

7-AGE, 51 yrs. 7 mos. 10 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Gunts

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Thompson

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno Gunts

(Address) 2706 N Charles

15- NOV 23 1915 HENRY O. ANDREAE,
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1915, to Nov 21 1915, that I saw h[illegible] alive on Nov 20 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary): None

(Duration) yrs. mos. ds.

(Signed) Wm H. Peace M. D.

Nov 23., 1915 (Address) 2105 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hill Park — DATE OF BURIAL, Nov 24., 1915

20-UNDERTAKER J. F. McShea — ADDRESS Penna Ave North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x64 C89836

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Casual Hotel Hanover Butchers ST.) WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hursed G. Moller

(Residence in Baltimore: No. Casual Hotel Butchers Hanover St.; ..... yrs., ... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 18, 1873 (Month) (Day) (Year)

7-AGE. 42 yrs. 8 mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real Estate Agent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). New York

PARENTS.

10-NAME OF FATHER, Geo H Moller

11-BIRTHPLACE OF FATHER (State or Country). New York

12-MAIDEN NAME OF MOTHER Emma L. Godwin

13-BIRTHPLACE OF MOTHER (State or Country). New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Maud Moller

(Address) 601-W-168th N.Y.

15-

Filed NOV 23 1915, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 22 1915, to Nov 23 1915, that I saw h[illegible] alive on Nov 22 1915, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Probably Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H K Gorsuch M. D.

Nov 23 1915 (Address) 117 W Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New York City NY — DATE OF BURIAL, Nov 23..., 1915

20-UNDERTAKER Stewart & Mowen Co — ADDRESS 108 W Mott Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bk.

C89837 C89837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

180

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 N. Luzerne Ave. St. 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Allen

(Residence in Baltimore: No. 1306 N Luzerne Ave St.: Upton yrs. 6 mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. 25 (Month) (Day), 1848 (Year)

7-AGE, 66 yrs. 10 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Leo N. Burnaus

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Amanda Stoffregen

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lenora A. Hursting

(Address) 1306 N. Luzerne Ave.

15- NOV 23 1915 Filed....., 191.... Registrar. HART O. ANDREWS Burial permit clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 22 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19, 1915, to Nov. 22, 1915, that I saw h[illegible] alive on Nov. 16, 1915, and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Anasarca

(Duration) yrs. 3 mos. ds.

(Signed) E. G. Brack M. D.

Nov 23, 1915 (Address) 2 W. Pra. St. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery — DATE OF BURIAL, Nov. 24, 1915

20-UNDERTAKER Albert E. Fuller — ADDRESS 421 N Broadway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Druid Hill Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Wise

(Residence in Baltimore: No. 709 Druid Hill Ave St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day), 1864 (Year)

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hannifer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D.C

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wise

(Address) 709 Druid Hill Ave

15- NOV 23 1915 Filed, 191 HARRY D. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1915, to Nov 22 1915, that I saw h[er] alive on Nov 18 1915, and that death occurred, on the date stated above, at 9 50 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. F. McLaud M. D.

11/23/15 191 (Address) 2005 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem DATE OF BURIAL, Nov 24 1915

20-UNDERTAKER John H Scudieri ADDRESS 1428 W Fell

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

(89839) (89839)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Hanover ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Krebs

(Residence in Baltimore: No. 1211 Hanover St.; 62 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... Dec. (Month) 18th (Day), 1837 (Year)

7-AGE, 77 yrs. 11 mos. 2 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Barber
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germy

PARENTS.

10-NAME OF FATHER, Adam Krebs

11-BIRTHPLACE OF FATHER (State or Country), Germy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Krebs

(Address) 1211 Hanover st.

15- Filed NOV 23 1915, 191.. HARRY O ANDREWS, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 20th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23rd 1915, to Nov 20 1915, that I saw h.. alive on Nov 20th 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

..... (Duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Nov. 23, 1915. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Nov. 24, 1915
20-UNDERTAKER	ADDRESS
J Schloman & Son	1039 Hanover st.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C89640

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S. Exeter ST.; 3 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Moss.

(Residence in Baltimore: No. 215 S. Exeter st St.; 65 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 15th (Day), 1846 (Year)

7-AGE, 69 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer) Hebrew teacher

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Elihu Moss

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Dave Moss (Jm)

(Address) 215 S. Exeter St.

15- NOV 24 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 23 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1915, to Nov. 23 1915, that I saw him alive on Nov. 22 1915, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

Bronchopneumonia (Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. Goldsmith M. D.

11/23/1915 (Address) 1739 E. Pratt st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. mos. ds. In the State 15 yrs. mos. ds.

Where was disease contracted, if not at place of death? 215 S Exeter st

Former or usual residence 215 S. Exeter st

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, Nov. 24 191..

20-UNDERTAKER S. Levinson & Bro — ADDRESS 1107 E Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89841 64 C89841

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Belt. ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary. E. Lampe.

(Residence in Baltimore: No. 1413 Belt. St.; 55 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, December 7th, 1837. (Month) (Day) (Year)

7-AGE, 77 yrs. 11 mos. 15 ds.

If LESS than 1 day, ... hrs. or ... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House work.
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Louis King.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Anna Ford.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Lampe

(Address) 1413 Belt St

15- NOV 24 1915 ROBERT . KRAUTER, Filed ..... 191.. Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 22, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5" 1915, to Nov 22" 1915, that I saw her alive on Nov 21st 1915, and that death occurred, on the date stated above, at 5.50 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Paralysis

(Duration) ... yrs. ... mos. 16 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) 6 yrs. ... mos. ... ds.

(Signed) Wm B McDonald M. D.

Nov 23, 1915 (Address) 1209 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Frederick Md Mt Olivet. DATE OF BURIAL, 11-25 1915

20-UNDERTAKER E & B Harle ADDRESS 115 E West St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Martin Stuckert

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C89842

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N Collington Ave WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Stuckert.

(Residence in Baltimore: No. 20 N Collington Ave St.: 73 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 10, 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. 7 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar
(b) General nature of industry, business, or establishment in which employed (or employer): Manufacturer

9-BIRTHPLACE, (State or Country), Hagerstown Md

PARENTS.

10-NAME OF FATHER, John Philipp Stuckert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Frommen

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharina Stuckert

(Address) 20 N Collington Ave

15- NOV 24 1915 Filed, 191 ROBERT . KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 7 1915, to Nov. 21 1915, that I saw h[illegible] alive on Nov. 21, 1915, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. F. Preston M. D.

Nov. 22, 1915. (Address) 1711 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Nov. 24, 1915

20-UNDERTAKER Louis Heemann

ADDRESS 32 S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89843 C89843

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2618 Boone ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James A Morton

(Residence in Baltimore: No. 2618 Boone st, St. 20 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colord

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Marid

6 DATE OF BIRTH: June (Month) 26 (Day), 1888 (Year)

7 AGE: 27 yrs. 4 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9 BIRTHPLACE (State or country): Caroline Co va

PARENTS

10 NAME OF FATHER: James A Morton

11 BIRTHPLACE OF FATHER (State or country): Caroline Co va

12 MAIDEN NAME OF MOTHER: Dont Known

13 BIRTHPLACE OF MOTHER (State or country): Dont Known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E Morton

(Address) 2618 Boone st

15 Filed NOV 24 1915 ROBERT . KRAUTHOFF, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Novemb 21st (Month) (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Novem 14th, 1915, to, Nov 21st 1915, that I saw h[illegible] alive on Nov 21st, 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

about (Duration) 1 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) E G. Skinner M. D.

Nov 22d, 1915 (Address) 1224 W Mathias

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Cemetery — DATE OF BURIAL: Nov 24, 191[illegible]

20 UNDERTAKER: John H Owens — ADDRESS: [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 C89844

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 605 N. Bond ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Pritchett

(Residence in Baltimore: No. 605 N. Bond St.; 25 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known
(Month) (Day) (Year)

7-AGE, 64 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Buick Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Co. Md

PARENTS.

10-NAME OF FATHER, James E. Pritchett

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Keziah Wheeler

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Elizabeth Pritchett
(Address) 605 N. Bond St.

15- NOV 24 1915 ROBERT , KRAUTER,
Filed....., 191... Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22nd 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19th 1915, to Nov 22nd 1915, that I saw h[im] alive on Nov 20th 1915, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Diffuse Peritonitis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw. S. Foster M. D.

Nov. 24th, 1915. (Address) 1501 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Nov. 25, 1915

20-UNDERTAKER Henley Horth Sons — ADDRESS 1301 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Elizabeth Schalch

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~C89845~~ 92 C89845

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 N. Chapel ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Schalch

(Residence in Baltimore: No. 1836 N. Chapel St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Unknown ..... (Month); 1 ..... (Day); ..... (Year)

7-AGE, 66 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Unknown .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Rossel

(Address) 1442 N Gay St

15- Filed NOV 24 1915 191.. ROBERT J. KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov. ..... (Month); 23 ..... (Day); 1915 ..... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 191 5, to Nov 23 191 5 that I saw h 57 alive on Nov 23 191 5 and that death occurred, on the date stated above, at 6.45 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) W. H. Rayner M. D.

Nov 24, 1915 (Address) 1008 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, Nov 25, 1915

20-UNDERTAKER Geo Rossel ADDRESS 1442 N Gay St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89846

1 PLACE OF DEATH

REGISTERED No. C 89846

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Arnold

(Residence in Baltimore: No. 1013 William ST. St.; 42 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: December (Month) (Day), 1873 (Year)

7-AGE: 42 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: non-graduate-
(b) General nature of industry, business, or establishment in which employed (or employer): obstetrical nursing

9-BIRTHPLACE (State or country): Balt. Md.

PARENTS

10-NAME OF FATHER: Henry F. Arnold

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Anna E. Smith

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George F. Arnold

(Address) 1013 William St

15- NOV 24 1915 ROBERT . KRAUTHR, Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 7, 1916, to, Nov. 22 1915, that I saw her alive on Nov. 22 1915, and that death occurred, on the date stated above, at 11.30 p m.

The CAUSE OF DEATH* was as follows:

Paratyphoid Septicemia

(Duration) yrs mos. 20 ds.

Contributory (SECONDARY) Infections-Exhaustion

Psychosis (Duration) yrs 5 mos — ds.

(Signed), R. W. Hall M. D.

Nov. 23, 1915. [Address] Johns Hopkins Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs 2 mos 20 ds. In the State 42 yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1013 William ST. Balt.

19-PLACE OF BURIAL OR REMOVAL: MOUNT OLIVET. DATE OF BURIAL: NOV 25 1915

20-UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS 718 Light St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C8984?

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 S. Ellwood Av ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Beckner

(Residence in Baltimore: No. 1119 S. Ellwood Ave St.; — yrs., / mos. — ds.)

Wife

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. (Month) 8 (Day), 1882 (Year)

7-AGE, 32 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wood- Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Beckner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Margaret Gerhardt

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Hayes

(Address) 1406 S. First St.

15- NOV 24 1915 Filed ....., 191.... ROBERT . KRAUTKR, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 21st (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov. 13th 1915, to Nov. 21st 1915, that I saw h— alive on November 21st 1915, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

1 Broncho-pneumonia

(Duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac syncope

(Duration) yrs. mos. 1 ds.

(Signed) D. W. Jones M. D.

Nov. 22 1915. (Address) D. W. Jones

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore County	Nov. 25, 1915.
20-UNDERTAKER Zirkler and Zirkler	ADDRESS 1739 E. Eager st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89848 C89848

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 204 N. Kenwood Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Haase

(Residence in Baltimore: No. 204 N. Kenwood Ave St.; 58 yrs., 2 mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March 12, 1857
(Month) (Day) (Year)

7-AGE, 58 yrs. 8 mos. 8 da. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Grote

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catharine Weisenborn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louis E. Haase

(Address) 204 N. Kenwood Ave

15- NOV 24 1915 ROBERT . KRAUTER, Filed ....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3rd 1913, to nov 20th 1915, that I saw her alive on nov 20th 1915, and that death occurred, on the date stated above, at 11:00 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic Valvular Heart Disease

(Duration) 2 yrs. 7 mos. — da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Adam A Tod M. D.

Nov. 22, 1915. (Address) 439 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... da. In the State .... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemtry	Nov 24, 1915
20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C99819 C99819 C99819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

S 64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 210 W Henrietta St ST.: 27 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura S Baker

(Residence in Baltimore: No. 210 Henrietta St ST.; 35 yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH. May (Month) 2 (Day), 1865 (Year)

7-AGE. 50 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va,

PARENTS.

10-NAME OF FATHER, Thomas Westcoat

11-BIRTHPLACE OF FATHER (State or Country), Va,

12-MAIDEN NAME OF MOTHER Nancy Ewell

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... James E Baker

(Address)..... 210 W Henrietta St

15- NOV 24 1915 ROBERT . KRAUTH

Filed....., 191.... Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) Sudden mos. da.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. da.

(Signed) E Lee Gorsuch (Coroner) M. D.

Nov 23, 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Ky — DATE OF BURIAL, ... 19...

20-UNDERTAKER E L Brown Son — ADDRESS Laurel Ky

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.: 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Robb

(Residence in Baltimore: No. 429 Hamburg St.; 24 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 1891
(Month) (Day) (Year)

7-AGE, 24 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver Cart
(b) General nature of industry, business, or establishment in which employed (or employer): General Store

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, Robert Robb

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha Gray

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Robb

(Address) 427 W Hamburg St

15- NOV 24 1915 ROBERT J. KRAUTHOFF Burial Permit Clerk.
Filed, 191
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1915, to Nov 23 1915, that I saw h[illegible] alive on Nov 23 1915, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Anaemia Acute 1 Day
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) 1 yrs. mos. 1 ds.

(Signed) Wharton Poulson M. D.

Nov 24, 1915. (Address) Univ Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 429 Hamburg St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn St — DATE OF BURIAL, Nov 26, 1915

20-UNDERTAKER, Sisco Bros & Son — ADDRESS 10 W. Monty St

Spec.—5-19-13—M. & T.—500 Bks.

C89851 | HEALTH DEPARTMENT—CITY OF BALTIMORE C89851

CERTIFICATE OF DEATH.

82

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 4138 Park Heights St.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christena Bachman

(Residence in Baltimore: No. 4138 Park Heights St.: 64 yrs., ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, February 9, 1843
(Month) (Day) (Year)

7-AGE, 72 yrs. 9 mos. 12 ds.
If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Baum

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Katherine Bauman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma McCarty

(Address) 4138 Park Heights

15- NOV 24 1915 Filed....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9 gr 1915, to Nov 23 1915, that I saw her alive on Nov 21 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Thrombosis of Lateral Sinus
(Atheroma of Arteries)
(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Paralysis of Heart
(Duration) ✓ yrs. ✓ mos. 1/2 ds.

(Signed) Edwin Ellis M. D.
Nov 23, 1915. (Address) 915 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Nov 25, 191.

20-UNDERTAKER Wm Cook ADDRESS 581 E N

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89852 C89852

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 N. Caroline ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Soloman Cohen

(Residence in Baltimore: No. 205 N. Caroline St.; ... yrs., ... mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Nov. (Month) 10 (Day), 1915 (Year)

7-AGE, ... yrs. ... mos. 14 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. U. S. A.

PARENTS.

10-NAME OF FATHER, Isaac Cohen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER ~~Pleet~~

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca ~~Pleet~~ Cohen

(Address) 205 N. Caroline st

15- Filed NOV 24 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10 1915, to Nov. 24 1915, that I saw h im alive on Nov. 23 1915, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) mitral insufficiency

(Duration) ... yrs. ... mos. 7 ds.

(Signed) R. A. Nicholson M. D.

Nov. 24 1915 (Address) 1420 E. Balto. st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Union Ass'n — DATE OF BURIAL, Nov. 24 1915

20-UNDERTAKER D. Levinson & Bro — ADDRESS 1107 E Balto st

CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Write in plain terms, so that it may be

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Brunt St ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Handy

(Residence in Baltimore: No. 1622 Brunt St St.; 31 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ....., 1825
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or .....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Porter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Earnest Handy

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Amelia Handy

(Address) 1623 Brunt St.

15- NOV 24 1915 ROBERT . KRAUTER,
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1915, to Nov 22 1915, that I saw h. alive on Nov 22 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. T. Krauter M.D.

Nov 22, 1915. (Address) 548 Mosher St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Pikesville — DATE OF BURIAL, Nov 25, 1915

20-UNDERTAKER Samuel E. Wright — ADDRESS 1736 Mary

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89854

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

146

C89854

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie K Klein

(Residence in Baltimore: No. 210 - E. Bond St. St.: 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Nov 28, 1905 (Month) (Day) (Year)

7-AGE 10 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Morris Klein

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Ida Flax

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Klein

(Address) Hebrew Hospital

NOV 24 1915 Filed 191

BOARD OF HEALTH, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov 24, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov-20, 1915, to Nov-24 1915, that I saw h[illegible] alive on Nov 24, 1915, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Mastoiditis Left Acute Abscess — Sinus Thrombosis

(Duration) ? yrs. ? mos. 4 ds

Contributory (SECONDARY) Pulmonary Embolism

(Duration) 4 yrs. — mos. — ds.

(Signed) Louis Klein M. D.

Nov-24, 1915 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 4 ds. In the State 10 yrs. 11 mos. ds.

Where was disease contracted, if not at place of death? 210 E Bond St

Former or usual residence 210 E Bond St

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Herrman Rem	11/24, 1915
20-UNDERTAKER Jack Levin	ADDRESS 1419 E Baltimore

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

C80853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 308 Bedford St ST. 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Costes

(Residence in Baltimore: No. 308 Bedford St

Sc. 21 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
44 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country),

PARENTS.

	Maryland
10-NAME OF FATHER,	Unknown
11-BIRTHPLACE OF FATHER (State or Country),	Unknown
12-MAIDEN NAME OF MOTHER	Unknown
13-BIRTHPLACE OF MOTHER (State or Country),	Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Costes

(Address) 308 Bedford St

15-
Filed NOV 24 1915, 191 [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw Emmert M. D. (Coroner.)

11/23, 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemy	Nov 25, 1915
20-UNDERTAKER Geo H Hodge	ADDRESS 609 Lit Pratt St

Spec.—5-19-13—M. & T.—500 Bks.

C89856 C89856

HEALTH DEPARTMENT--CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 Otterbein ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Bryson

(Residence in Baltimore: No. 220 Otterbein St.; 17 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct — 30, 1887 (Month) (Day) (Year)

7-AGE, 28 yrs. — mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work... General day Labor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Kent Co Md

PARENTS.

10-NAME OF FATHER, Wm Bryson

11-BIRTHPLACE OF FATHER (State or Country) Kent Co Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country) Kent Co Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Bryson

(Address) 220 Otterbein St

15- NOV 24 1915

Filed....., 191.....

NOV 24 1915

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov — 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30th 1915, to Nov 23rd 1915, that I saw him alive on Nov 23 1915, and that death occurred, on the date stated above, at 10.40 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) F. B. Lamb M. D.

Nov 23, 1915. (Address) 1313 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Nov 25, 1915

20-UNDERTAKER Geo H Hooper

ADDRESS 601 Little Pratt St

CAUSES OF DEATH should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C8985?

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Butler

(Residence in Baltimore: No. 1216 Penna Ave. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 22, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, 1 hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Butler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Nella Fenwick

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed NOV 24 1915, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 22 1915, to Nov 23 1915, that I saw her alive on Nov 22 1915, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Premature Labor

.....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Atelectasis

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. L. Kenny M. D.

Nov 23 191 5 (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1/3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence St Josephs Hospital

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, NOV 24 1915, 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

cremated

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

NOV 24 1915 C89858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Home for Incurables ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irwin McAnelly

(Residence in Baltimore: No. Home for Incurables St.: 70 yrs., 2 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Nov. (Month) 30 (Day), 1844 (Year)

7-AGE: 75 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Nova Scotia

PARENTS.

10-NAME OF FATHER: Philip McAnelly

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Elizabeth Furlong

13-BIRTHPLACE OF MOTHER (State or Country): Nova Scotia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): E.W. Bagley

(Address): 1913 Guilford Ave.

15-
NOV 24 1915 HEALTH DEPT. BALTIMORE
Filed ..... 191.. Carter Terrell Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov (Month) 24th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1906 to Nov 1915, that I saw her alive on Nov 22 1916, and that death occurred, on the date stated above, at 3-20 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Cyst

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. T. Gabrel M. D.

Nov. 24., 1915. (Address) 2413 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. mos. ds. In the State 70 yrs. mos. ds.

Where was disease contracted, if not at place of death? Home for Incurables

Former or usual residence 1002 Boone St

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Nov. 26 1915

20-UNDERTAKER: H. E. Hughes — ADDRESS: 17 N Broadway

Should be written in plain terms, so that it may be easily classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89859 C89859

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Seegerer (Seegerer)

(Residence in Baltimore: No. 417 N. Collington Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known (Month), (Day), 1 (Year)

7-AGE 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Baker
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jos. Seegerer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Meyer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Seegerer

(Address) 417 N. Collington Ave

15-

NOV 24 1915 HARRY O ANDREWS,

Filed, 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 13 1915, to Nov. 23 1915, that I saw h— alive on Nov 23 1915 and that death occurred, on the date stated above, at 1.0 4 m.

The CAUSE OF DEATH* was as follows:

Embolism

(Duration) Days unk yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) yrs. mos. ds.

(Signed) Frank H. Mayer M. D.

11-24..., 191.5 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State 43 yrs. mos. ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 417 N. Collington

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Nov. 26, 191.5

20-UNDERTAKER Wendell Lippel & Son — ADDRESS 37 S. Ann St.

Please write in plain terms, as that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C89860

1 PLACE OF DEATH

Registered No. C

CITY OF BALTIMORE (No. 1019 Linden ave St. 11 Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James H. Covington

(Residence in Baltimore: No. 1019 Linden ave St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: August (Month) 20 (Day), 1836 (Year)

7 AGE: 79 yrs. 3 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Delaware

PARENTS

10 NAME OF FATHER: Nathaniel Covington

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Maria Haines

13 BIRTHPLACE OF MOTHER (State or country): Delaware

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Harry Covington

(Address) 1552 Biltmore Wash. D.C.

NOV 24 1915 WRITE IN INK. Burial Permit Clerk

Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 23 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1915 to Nov 23 1915

that I saw h im alive on Nov 23, 1915

and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

~~Acute~~ Lobar Pneumonia

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) Asthenia

(Duration) yrs. mos. 1 ds.

(Signed) Walter Winder M. D.

NOV. 23, 1915 (Address) 3304 Walbrook Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Easton Md

DATE OF BURIAL: Nov 25, 1915

20 UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89861 C89861

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 930 McCulloh street, ST. 6 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Wilson,

(Residence in Baltimore: No. 1617 Jefferson street, St.: —yrs., —mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH,

March 30th, 1856.
(Month) (Day) (Year)

7-AGE,

59 yrs. 7 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day laborer,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country),

North Carolina,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Wilson, wife,

(Address) 1617 Jefferson street.

15-

Filed NOV 24 1915 MARY O ANDERSON Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH,

November 22nd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Chronic myocarditis,
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

Nov. 23, 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cem	Nov 23 1915
20-UNDERTAKER	ADDRESS
Harry A. Vodery	1121 Orleans st

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89862 C89862

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1708 N. Lanvale ST.; 16 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles William Patterson

(Residence in Baltimore: No. 1708 N. Lanvale St.: ✓ yrs. ✓ mos. 2 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 2 (Day), 1915 (Year)

7-AGE, ✓ yrs. ✓ mos. 21 ds. If LESS than 1 day, ✓ hrs. or ✓ min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William P. Patterson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Bessie Dooley

13-BIRTHPLACE OF MOTHER (State or Country), Louisville Kentucky

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo C. Shannon

(Address) 700 Fulton Ave

15- NOV 25 1915 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1915, to Nov. 23 1915, that I saw h-him alive on Nov. 20 1915, and that death occurred, on the date stated above, at 8 45 p.m.

The CAUSE OF DEATH* was as follows:

Premature Birth.

(Duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Insufficient Animation

(Duration) ✓ yrs. ✓ mos. 21 ds.

(Signed) Geo. C. Shannon M. D.

Nov 23, 1915. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Nov. 25, 1915

20-UNDERTAKER Ehrenwerth Son — ADDRESS Chestnut Ave

AFFIDAVIT

Spec.—8-24-14—M. & T.—2000 Bks.

C89863

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89863

CERTIFICATE OF DEATH.

172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Maryland Av. ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Stewart

(Residence in Baltimore: No. 2505 Maryland Ave. Or St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH. April (Month) 14 (Day), 1837 (Year)

7-AGE.	If LESS than 1 day,
78 yrs. 7 mos. 10 da.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Conn.

PARENTS.

10-NAME OF FATHER, James S. Hoyt

11-BIRTHPLACE OF FATHER (State or Country), Conn.

12-MAIDEN NAME OF MOTHER Mary Rogers.

13-BIRTHPLACE OF MOTHER (State or Country), Conn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt H. Stewart

(Address) 2505 Maryland Av

15- NOV 25 1915 ROBERT . KRAUTER,

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 24th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19th 1915, to Nov 24th 1915, that I saw h[illegible] alive on Nov 23rd 1915, and that death occurred, on the date stated above, at 3.4 m.

The CAUSE OF DEATH* was as follows:

Accidental fall by last month
Fracture of the Surgical Part
of the neck of the Femur (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) General Exhaustion due to advance age (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. A. Fair M. D.

Nov 24 1915 (Address) 17 E 23rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cemetery	Nov. 26 1915
20-UNDERTAKER Stewart & Mowen Company	ADDRESS 108 W North Av.

important. See instructions on back of certificate. The property classified. Exact statement of OCCUPATION is very

(Over)

K.O.D.

Spec.—8-24-14—M. & T.—2000 Blks.

C89861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130 C89861

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 Hollins ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Louis Kaufman

(Residence in Baltimore: No. 2129 Hollins St.: 67 yrs., 1 mos. 11 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Oct 12, 1848
(Month) (Day) (Year)

7-AGE, 67 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Casper Kaufman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Reinschmidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bader

(Address) 2129 Hollins

15- NOV 25 1915 ROBERT , KRAUTER, Registrar.
Filed ....., 191... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Nov 22 1915, that I saw h[illegible] alive on Nov 22 1915, and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uremia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Watts V. Cole M. D.

11-24, 1915 (Address) Garrison & Hanna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Nov. 25, 1915.

20-UNDERTAKER Lange Eichwald Bro — ADDRESS 2101 Eutaw ave

Spec.—5-19-13—M. & T.—500 Bks. Ernest Hite

HEALTH DEPARTMENT—CITY OF BALTIMORE

(89865) 92 (89865)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1328 N Fremont St.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Hite

(Residence in Baltimore: No. 1328 N Fremont St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) unknown (Day) ..... (Year) 1889

7-AGE, 26 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chairmaking
(b) General nature of industry, business, or establishment in which employed (or employer): Chair Makers

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, not given

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER not given

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lucy Hite
(Address) 132 E Fremont

15- NOV 25 1915 ROBERT J. KRAUTER, Filed ....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1, 1915, to Nov 23 1915, that I saw h— alive on Nov 23 1915, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:
(a) Lobar Pneumonia
.....
.....
..... (Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) A.C. Bronchitis
..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Edward Short M. D.
11/24, 1915. (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Nov 26, 1915
20-UNDERTAKER Daniel Easton	ADDRESS 916 Ga Ave.

important. See instructions on back of certificate.

...ly classified. Exact statement of OCCUPATION is very ...ll at may be prope...

C89866

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C89866

Registered No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 806 S. Paca St. 21 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Francis F. Jones

(Residence in Baltimore: No. 806 S. Paca St.; yrs. Life mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 78 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Watchmaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md. Balto

PARENTS

10 NAME OF FATHER: James Jones

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Dandy

(Address) 906 St Peter St

15 Filed NOV 25 1915, 191

ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 23rd (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 4th, 1915, to Nov. 23rd 1915, that I saw him alive on Nov. 23rd, 1915, and that death occurred, on the date stated above, at 7.45 P m.
The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Myocarditis

(Duration) yrs. 4 mos. ds.

(Signed) Nicholson M.D. M. D.

Nov. 24th, 1915. (Address) 677 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov 26, 1915

20 UNDERTAKER: John F. Howard & Son

ADDRESS: 901 Hollins St

C89867 C89867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH Pratt + Arlington Ave REGISTERED No. C

CITY OF BALTIMORE (No. Mt Clare Shops ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fogarty

(Residence in Baltimore: No. 1345 Ramsay. St, Yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1863 (Year)

7-AGE, 52 yrs. mos. ds. If LESS than 1 day, hrs. or. mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General.

9-BIRTHPLACE, (State or Country). S. C.

PARENTS.

10-NAME OF FATHER, — Fogarty

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John F. Fogarty

(Address) 1345 Ramsay St

15- NOV 25 1915 Filed, 191 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 23rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Run over by R.R. train
Accident
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Crushed skull
(Duration) yrs. mos. ds.

(Signed) Saml Hamburg (Coroner.) M. D.

Nov. 25th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Nov 26, 1915

20-UNDERTAKER Jno F. Curran & Son ADDRESS 901 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C89868

C89868

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Columbia Ave ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Roberson

(Residence in Baltimore: No. 921 Columbia Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH July (Month) 1st (Day), 1854 (Year)

7-AGE 61 yrs. 4 mos. 23 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Maryland Baltimore

PARENTS

10-NAME OF FATHER John Derr

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Margaret Wuchter

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. T. Burns

(Address) 921 Columbia Ave

15- Filed NOV 25 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH November (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 15th, 1915, to, Nov 24 1915, that I saw h.. alive on Nov 22 1915, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia 2 Lobar
Left Hemiplegia
Clinical Diagnosis

..... (Duration) yrs 5 mos.

Contributory (SECONDARY) Carcinoma of Liver

..... (Duration) yrs 5 mos. ds.

(Signed) C. P. Carman M. D.

Nov 24 1915 [Address] 1701 N Caroline St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt. Carmel Cemy DATE OF BURIAL Nov 27th 1915

20-UNDERTAKER Knell & Son ADDRESS 1729 W Pratt St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Dora E. Courts

C89869

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89869

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora E Courts

(Residence in Baltimore: No. Elizabethian apartments St.; Lanvale & Eutaw 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, November (Month) (Day) 1881 (Year)

7-AGE, 34 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Huff

11-BIRTHPLACE OF FATHER (State or Country), West Va.

12-MAIDEN NAME OF MOTHER Dora E Disk

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Barnard

(Address) Elizabethian Apts Lanvale & Eutaw Ave

15- Filed NOV 25 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1915, to Nov 25 1915, that I saw h[er] alive on Nov 25 1915, and that death occurred, on the date stated above, at 2 1/2 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis & Insufficiency

Nephritis, Chronic

Myocardial degeneration

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) M D Barnard M. D.

Nov 26, 1915 (Address) Under Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Elizabethian Garrison & Eutaw Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. Balto. DATE OF BURIAL, Nov 28, 1915

20-UNDERTAKER Wm Cook ADDRESS D. E. Worth

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C89670

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1743 Jackson ST. 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie L. Harrison

(Residence in Baltimore: No. 1743 Jackson St.; 31 yrs., 2 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, September 13, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Thomas C. Shoffer

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Elizabeth Norris

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Harrison

(Address) 1743 Jackson St

15- NOV 25 1915 ROBERT J. KRAUTER, Burial Permit Clerk

Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary
(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Hemorrhage
(Duration) ....yrs....mos....ds.

(Signed) Edw Corcoran M. D.
(Coroner.)
Nov 24, 1915. (Address) 317 Lath St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Airy Md — DATE OF BURIAL, Nov 26, 1915

20-UNDERTAKER Wm Cook — ADDRESS 501 E. Mo. ave

N. B.—Every item of information should be carefully supplied. Accurate AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1415 Druidhill ave. ST.: WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Jackson,

(Residence in Baltimore: No. 1415 Druidhill ave. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, November (Month) 24th (Day), 1915. (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 0 ds.	1 hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John C. Jackson,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Alice Matthews,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Jackson, mother,

(Address) 1415 Druidhill avenue.

15- Filed NOV 25 1915, 191 ROBERT . KRAUTHOFF, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 24th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature birth,
(six months Utero-gestation)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

Nov. 26, 191.5 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL Nov 25 1915

20-UNDERTAKER Nolt & Hiatt

ADDRESS 506 East, St.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 N. 36 St St. 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Goldie Fowler

(Residence in Baltimore: No. 1503 N. 36 St Balto St.; 5 yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct (Month) 16 (Day) 1915 (Year)

7-AGE: ..... yrs. 1 mos. 8 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Charles Fowler

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Gladys C. Riley

13-BIRTHPLACE OF MOTHER (State or country): Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gladys C. Fowler

(Address) 1503 N. 36 St

15- Filed NOV 25 1915 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 24 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1915, to, Nov 24 1915, that I saw h.. alive on Nov 23 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion + Malnutrition

(Duration) 1 yrs 11 mou. ds.

Contributory (SECONDARY) Premature Birth

(Duration) yrs 1 mos. ds.

(Signed), Vernon F Kelly M. D.

Nov. 25 1915 [Address] 3702 Fait Road

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Mary's Rampo DATE OF BURIAL: Nov 26 1915

20-UNDERTAKER: E. & Roy Stifflen ADDRESS: 844 N 36 th

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89673 C89673

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Henry St. St.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Earle Broll

(Residence in Baltimore: No. 1515 Henry St St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Dec. (Month) 6 (Day), 1898 (Year)

7-AGE, 16 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) school

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Wm.F. Broll

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Minnie E.Gorsuch

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William F. Broll

(Address) 1515 Henry St.

15- NOV 25 1915 ROBERT . KRAUTER,

Filed....., 191.. Burial Permit.....

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 30 1915, to Nov. 24 1915, that I saw him alive on Nov. 24 1915, and that death occurred, on the date stated above, at 6.30 A. M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Philip B. Fowler. M. D.

Nov. 24, 191.5 (Address) 1432 William St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, Nov. 27, 191.5

20-UNDERTAKER J. Kew McCully

ADDRESS 39 E Fort Ave

Spec.—5-19-13—M. & T.—500 Bks. Edward Ciosek

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89874 92 C89874

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S. Luzerne Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Ciosek

(Residence in Baltimore: No. 811 S. Luzerne Ave St.; 3 yrs. 3 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 31, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William Ciosik.

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland

12-MAIDEN NAME OF MOTHER Mary Orslink

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ciosik

(Address) 811 S. Luzerne Ave

15- NOV 25 1915 Filed....., 191.. ROBERT J. KRAUTAR, BURIAL Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1915, to Nov. 24 1915, that I saw h— alive on Nov. 24 1915, and that death occurred, on the date stated above, at 2.50 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Edema of lungs

(Duration) yrs. mos. 4h ds.

(Signed) F. Januszerki M. D.

Nov. 24, 1915. (Address) 2431 Fairfax

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Nov 26, 1915
20-UNDERTAKER M. F. Sadowski,	ADDRESS 705 S. Ann

important. See instructions on back of certificate. property examiner. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89875 37 C89875

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Smith

(Residence in Baltimore: No. 108 Perry Street St.; yrs. life mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Oct. 2nd, 1915.
(Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Balto. Maryland

PARENTS.

10-NAME OF FATHER, John Roberts

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bertha Smith

13-BIRTHPLACE OF MOTHER (State or Country), Scranton - Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Rongel

(Address) Johns Hopkins Hosp.

15- NOV 25 1915 ROBERT . KRAUTER, Filed ....., 191.... Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 23rd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 23rd 1915 to Nov. 23rd 1915, that I saw him alive on Nov 23rd 1915, and that death occurred, on the date stated above, at 6.35 P. m.

The CAUSE OF DEATH* was as follows:

Duration

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Congenital Syphilis

(Duration) ..... yrs. 1 1/2 mos. ..... ds.

(Signed) Gilbert W. Rosenthal M. D.

Nov. 24th 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if out of place of death? ?

Former or usual residence 108 Perry St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Nov 26 1915

20-UNDERTAKER John H. Toadvine — ADDRESS 142 W. Hill

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C89876

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711. S. Dallas ST.; 3 WARD) REGISTERED No. C

2-FULL NAME Catharine Swiston (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 711. S. Dallas St.; 1 yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single.

6-DATE OF BIRTH. Nov. (Month) 24 (Day), 1913 (Year)

7-AGE. 1 yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). Child

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Joseph Swiston

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Apolonia Sienkiet

13-BIRTHPLACE OF MOTHER (State or Country), Austria Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Joseph Swiston

(Address) 711 S. Dallas

15- NOV 25 1915 ROBERT . KRAUTER, Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1915, to Nov 25 1915, that I saw her alive on Nov 25 1915, and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) yrs. mos. 3 ds.

(Signed) M. J. Kyrouac M. D.

Nov 25, 191... (Address) 2008 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Nov 26 1915

20-UNDERTAKER William Kaczorowski ADDRESS 1618 Eastern Ave.

important. See instructions on back of certificate.

C85877 C85877

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Johns Hopkins Hospital × 103 REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.: ..... WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Murdoch Wiley

(Residence in Baltimore: No. Johns Hopkins Hospital St.; yrs. 2 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: July (Month) 27 (Day) 1863 (Year)

7-AGE: 52 yrs. 9 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Superintendent of mine
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): N. C.

PARENTS

10-NAME OF FATHER: Samuel H Wiley

11-BIRTHPLACE OF FATHER (State or country): N. C.

12-MAIDEN NAME OF MOTHER: Miriam Murdoch

13-BIRTHPLACE OF MOTHER (State or country): N. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Marion E. Wiley
(Address) Salisbury N. C.

15 NOV 25 1915 ROBERT . KRAUTER, Filed ....., 191 ..... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 25 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14, 1915, to, November 25 1915, that I saw h.im alive on November 25 1915, and that death occurred, on the date stated above, at 11:15 a.m.

The CAUSE OF DEATH* was as follows:

~~Marasmus~~, Cachexia and Exhaustion.

Hypochondriasis (Duration) yrs 2 mos. ds.

Contributory (SECONDARY) Chronic gastritis. Hypochondriasis Depressing (Duration) yrs mos. ds.

(Signed) R. W. Hall. M. D.

Nov. 25 1915 [Address] Johns Hopkins Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. 2 mos 11 ds. In the State yrs 2 mos 11 ds.

Where was disease contracted, if not at place of death? North Carolina

Former or usual residence Salisbury, N. C.

19-PLACE OF BURIAL OR REMOVAL: Salisbury N. C — DATE OF BURIAL: Nov 25 1915

20-UNDERTAKER: Elliott & Fuller — ADDRESS: 221 N Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 Wade Ave. ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Guschinski

(Residence in Baltimore: No. 409 S Caroline St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Child

6-DATE OF BIRTH, July (Month) 11 (Day) 1912 (Year)

7-AGE, 3 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Gus Guschinski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Yanovo

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Guschinsky

(Address) 409 S. Caroline St.

15- Filed NOV 25 1915 191. ROBERT . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia Both Lungs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Edward J. Meyer M. D. (Coroner.)

Nov 24, 1915. (Address) 1 W. Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 hrs. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 409 S. Caroline St.

Former or usual residence 409 S. Caroline St.

19-PLACE OF BURIAL OR REMOVAL, Bay View Cemetery — DATE OF BURIAL, Nov 26 1915

20-UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89679

CERTIFICATE OF DEATH.

151 C89679

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 Ridgely ST.: 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Child of William + Clara Fleischell

(Residence in Baltimore: No. 937 Ridgely St.: yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 24, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day. 1 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William F Leschell

11-BIRTHPLACE OF FATHER (State or Country), Baltmore

12-MAIDEN NAME OF MOTHER Clara Cox

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William F Leschell

(Address) 937 Ridgley St.

15- NOV 26 1915 ROBERT J. KRAUTER, Burial Permit Clerk
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1915, to Nov 24 1915, that I saw her alive on Nov 24 1915, and that death occurred, on the date stated above, at 100 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J M Lumpkin M. D.

Nov 25, 1915 (Address) 826 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, 11-26, 1915

20-UNDERTAKER Howard & Tuday

ADDRESS 438 Montgomery

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89680 C89680

CERTIFICATE OF DEATH.

71

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231. S. Wolfe. ST.; 2 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph. Szymanski

(Residence in Baltimore: No. 231. S. Wolfe. Str. St.; yrs.. mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. 17, 1915
(Month) (Day) (Year)

7-AGE, yrs. mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). Infant.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Vincent Szymanski

11-BIRTHPLACE OF FATHER (State or Country). Russian Poland.

12-MAIDEN NAME OF MOTHER Leokadya Lewandowski

13-BIRTHPLACE OF MOTHER (State or Country). Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Vincent Szymanski

(Address). 231. S. Wolfe Str.

15- NOV 26 1915 ROBERT . KRAUTER
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 23 1915, to Nov 25 1915, that I saw h[illegible] alive on Nov 25 1915, and that death occurred, on the date stated above, at 4.25 p.m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) yrs. mos. 2 ds.

(Signed) W. J. C. [illegible] M. D.

11/27/15 191.. (Address) 801 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary. DATE OF BURIAL. Nov 27, 191..

20-UNDERTAKER William Fiallowski ADDRESS 1611 Eastern Ave.

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

183

REGISTERED No. C

1 PLACE OF DEATH
CITY OF BALTIMORE (No. St. Joseph's Hospital St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Burgl

(Residence in Baltimore: No. 234 N. Bradford St.; 20 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ..., 1895
(Month) (Day) (Year)

7-AGE, 20 yrs. — mos. — ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Md. Balto.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Jackson

(Address) 734 N. Bradford St.

15- Filed NOV 26 1915, 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 23rd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows: Stab wound of neck (Lt carotid artery severed causing Hemorrhage— Homicide

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) Wm. H. Barnes M. D.
(Coroner.)

Nov. 24, 1915. (Address) 1724 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State (a few minutes) yrs....mos....ds.

Where was disease contracted, if not at place of death? .....
The Stabbing was done on Fayette St. near Broadway

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Asbury Cemetery DATE OF BURIAL: November 26th 1915

20-UNDERTAKER: Milton Davis ADDRESS: 1605 McElderry St

William H. Tolson.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 (89682)

(89682)

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1100 North Caroline ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hamilton Tolson

(Residence in Baltimore: No. 1100 North Caroline St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug 6 (Month) (Day), 1848 (Year)

7-AGE: 67 yrs. 3 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Md. Balto

PARENTS

10-NAME OF FATHER: John C. Tolson

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Rebecca Elliott

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary K. Tolson

(Address) 1100 N. Caroline St

15- Filed NOV 26 1915, 191 — ROBERT . KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November. (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29th, 1915, to, November 24 1915, that I saw h in alive on November 23rd 1915, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Chronic Purulent Cystitis, (3 weeks
Interstitial Nephritis (Unknown

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Suppression of Urine & Uremia

Cardiac Syncope (Duration) yrs. mos. 4 ds.

(Signed) Alpheus Whitehead MD M. D.

Nov 26 1915 [Address] 1213 Madison Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Mount — DATE OF BURIAL: Nov 26, 1915

20-UNDERTAKER: Wm. Mitchell — ADDRESS: Balto. Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Angelique F. Schneider

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89883 — 79 — C89883

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Clinton ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angeligne Ivyth Schneider

(Residence in Baltimore: No. 1606 Clinton St.; 14 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1845 (About) (Year)

7-AGE, 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Teacher Music
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Edith B. Graffam

(Address) 1414 McCulloh St.

15- NOV 26 1915 ROBERT . KRAUTER, Filed....., 191... Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from (About) June 1913, to Nov. 23 1915, that I saw her alive on Nov 17 1915, and that death occurred, on the date stated above, at 5:15 p.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Mitral insufficiency)

(Duration) 10 yrs. 5 mos. 6 ds.

CONTRIBUTORY (Secondary) Nephritis (Chronic)

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Ronald J. Abercrombie M. D.

Nov. 23, 1915. (Address) Homewood Apts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Green Mount. DATE OF BURIAL, Nov. 26, 1915

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 1201 W. Fayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89684 C89684

CERTIFICATE OF DEATH.

172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 763 Dover ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ashby Jones

(Residence in Baltimore: No. 763 Dover St. St.; 25 yrs., mos. ds.)

Important. See instructions on back of certificate. Fact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September (Month) (Day) 1880 (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labour
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Stephen Jones

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Kenovan

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jones

(Address) 763 Dover St

15- Filed NOV 26 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 21 1915, to Nov. 23 1915, that I saw h[illegible] alive on Nov. 23 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows: Accidental Fall Loaf Stoke

Fracture Dislocation of the 1st Cervical & 1st dorsal vertebrae (Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Paralysis of diaphragm (Duration) yrs. mos. 4 ds.

(Signed) W. Rawenbach M. D.

N-25-, 1915. (Address) 32-32 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Baltimore

19-PLACE OF BURIAL OR REMOVAL, Middlesex Co Va

DATE OF BURIAL, Nov 26, 1915

20-UNDERTAKER Geo H Hooper

ADDRESS 609 Little Rock

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(89885) 62 (89885)

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2439 E Federal ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Lentz

(Residence in Baltimore: No. 2439 E Federal St.; 26 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. January (Month) 20th (Day), 1874 (Year)

7-AGE. 41 yrs. 10 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, David Weide

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Becker

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George A Lentz

(Address) 2434 E Federal st

15- Filed NOV 26 1915 191.. ROBERT J. KRAUSER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 24 (Day), 191✓ (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 191 4, to Nov 24 191✓, that I saw h er alive on Nov 24 191✓, and that death occurred, on the date stated above, at 1020 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Locomotor Ataxia

(Duration) 6 yrs. ....mos. ....ds.

(Signed) B P Herzog Jr M. D.

Nov 25, 191✓. (Address) 1305 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Nov 27th, 1915.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89886

CERTIFICATE OF DEATH.

28 C89886

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 249 N. Bruce ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Plummer

(Residence in Baltimore: No. 249 N Bruce St St.; 75 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, Feb (Month) ..... (Day), 1840 (Year)

7-AGE, 117 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Balto Co Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rachel Grass

(Address) 1914 Whiteford

15- Filed NOV 26 1915, 191.. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 25 (Day); 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1915, to Nov 25 1915, that I saw h[im] alive on Nov. 24 1915, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ..... yrs. 1/ mos. ..... ds.

(Signed) Mrs Emma E. [illegible] M. D.

Nov 25, 1915 (Address) 1051 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Baltimore Md.

19-PLACE OF BURIAL OR REMOVAL, N W Cal[vary] Cem

DATE OF BURIAL. Nov. 26 1915

20-UNDERTAKER Edward W. Pye

ADDRESS 61 Winters Ave

important. See instructions on back of certificate. ... very ... statement of OCCUPATION is ... property

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89587 C89587

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 McCulloh ST.; 14 79 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A. Gilbert.

(Residence in Baltimore: No. ~~40~~ 1400 McCulloh St.; 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feby 24 (Month) (Day), 1833 (Year)

7-AGE. 82 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Jacob Wolfe

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Mary Korboss

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Chas. Shipman

(Address) 1400 McCulloh St.

15- NOV 26 1915 ROBERT . KRAUTH,

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 24th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6th 1915, to Nov 24th 1915, that I saw h~~e~~r alive on Nov 23 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

Contributory Senility

(Duration) ....yrs. ....mos. 18 ds.

CONTRIBUTORY. Age
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Nov. 24 1915. (Address) 1914 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov. 26, 191...

20-UNDERTAKER Wm. F. Eckhardt Sons — ADDRESS Norrow

important. See instructions on back of certificate.

...ly attended. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89888

C89888

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 513 N Central Ave ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace A Gardner

(Residence in Baltimore: No. 513 N Central Ave St.; 25 yrs., 6 mos. 16 ds.)

Knew to tuberculous nurses attended as Grace Gordon

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 9 (Day), 1870. (Year)

7-AGE, 25 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert Gardner

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Alice Warren

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Gardner

(Address) 513 N Central Ave

15- NOV 26 1915 ROBERT . KRAUTER

Filed ..... 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 28 1915, to November 23 1915.

That I saw her alive on Nov. 23rd 1915,

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Tubercular Pneumonia

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. M. E. Campbell M. D.

Nov 25, 1915. (Address) 1369 N Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Nov 26, 1915

20-UNDERTAKER P C Groll & Son

ADDRESS 1015 McElderry st

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(89685) 8

CERTIFICATE OF DEATH.

40 (89829

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Jefferson ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Wunderlich

(Residence in Baltimore: No. 2005 Jefferson St.; 75 yrs., mos. ds.)

important. See instructions on back of certificate. Every effort should be made to obtain and furnish information for all items. Be sure that NAME, RESIDENCE and OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 16 (Day), 1847 (Year)

7-AGE, 68 yrs. 6 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Wunderlich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christina Wunderlich

(Address) 2005 Jefferson St.

15- NOV 26 1915 Filed, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15 1915, to Nov. 23 1915, that I saw him alive on Nov. 23 1915, and that death occurred, on the date stated above, at 1.45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) about 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) J. H. Ellenberg M. D.

Nov 25, 1915. (Address) 1810 Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Nov 28, 1915.

20-UNDERTAKER J. Herring & Co ADDRESS 2008 Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(89390) 91 (89390)

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 908 Stirling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Moss

(Residence in Baltimore: No. 908 Sterling st St.; yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 8 Aug (Month) (Day), 1915 (Year)

7-AGE, yrs. 3 mos. 16 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work June
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edw Moss

11-BIRTHPLACE OF FATHER (State or Country), Richmond Va

12-MAIDEN NAME OF MOTHER Bertha Berrell

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. Moss

(Address) 908 Sterling St

15- NOV 26 1915 ROBERT . KRAUTER Registrar.
Filed ..... 191.... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 21 1915, to Nov 24 1915, that I saw h e alive on Nov 23 1915, and that death occurred, on the date stated above, at 11.30 p m.

The CAUSE OF DEATH* was as follows:

1. Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. ½ ds.

(Signed) Wallace W White M. D.

Nov 25, 1915. (Address) 1101 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Nov. 27, 1915

20-UNDERTAKER Walter A. Elliott — ADDRESS 506 East M

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89691 C89691

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 E Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Frances Young

(Residence in Baltimore: No. 1528 E Madison St.; 30 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1863 (Year)

7-AGE, 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home
(b) General nature of industry, business, or establishment in which employed (or employer). work at Home

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Thomas W Young

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Mariah J McCoy

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Champ Attend

(Address) 1528 E Madison St

15- NOV 26 1915 ROBERT . KRAUTER, Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1915, to Nov 23 1915, that I saw h[illegible] alive on Nov 22 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

6 days (Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonic Heart Failure

1 day (Duration) yrs. mos. ds.

(Signed) Edward Krahn M. D.

Nov 23 1915 (Address) 1112 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Nov 26 1915

20-UNDERTAKER, H A Elliott — ADDRESS 516 East St.

important. See instructions on back of certificate.

Spec.—S.24-14—M. & T.—2000 Blks.

Joseph E. Perry.

C89692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C89692

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 E Preston ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E. Perry

(Residence in Baltimore: No. 2507 E. Preston st St.; Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Sept 23 (Month) (Day), 1871 (Year)

7-AGE: 44 yrs. 2 mos. 2 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Printer (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Robert B Perry

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Astridge Smith

13-BIRTHPLACE OF MOTHER (State or Country): Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Robert B. Perry

(Address): 2507 E. Preston St.

15- Filed NOV 26 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 25th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Nov 25 1915, that I saw him alive on Nov 24 1915, and that death occurred, on the date stated above, at 6 PM m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

I do not know (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Hemorrhage from Nose (Duration) Unknown yrs. mos. da.

(Signed) L. K. Mills M. D.

Nov 26 1915. (Address) 7247 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery DATE OF BURIAL, Nov 27, 1915.

20-UNDERTAKER Robert J. Turner ADDRESS Broadway & Aliceanna

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C89893

CERTIFICATE OF DEATH.

C89893

1-PLACE OF DEATH 6

CITY OF BALTIMORE: (No. 1211 Federal St ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Gessner

(Residence in Baltimore: No. 1211 E. Federal St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 3 (Month) (Day), 1869 (Year)

7-AGE, 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, John N. Gessner

11-BIRTHPLACE OF FATHER (State or Country), Europe

12-MAIDEN NAME OF MOTHER Frances Singer

13-BIRTHPLACE OF MOTHER (State or Country), Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lydia Gessner

(Address) 1211 E. Federal St

15- NOV 26 1915 Filed, 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1915, to Nov 24 1915,
that I saw h[illegible] alive on Nov 24 1915,
and that death occurred, on the date stated above, at 2.30 A m.
The CAUSE OF DEATH* was as follows:

Apoplexy

Hrs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Jaundice (Duration) yrs. mos. ds.

(Signed) E. H. Harvard M. D.

11/26, 1915. (Address) 838 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Nov 27, 1915

20-UNDERTAKER Robert J. Turner — ADDRESS Broadway & Aliceanna St

important. See instructions on back of certificate.

Jennie Davis

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

42

1 PLACE OF DEATH — REGISTERED NO. C 8

CITY OF BALTIMORE: (No. 1732 Townsend Pl ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Jennie Davis~~

(Residence in Baltimore: No. 1732 Townsend Pl St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: March (Month) 19th (Day), 1858 (Year)

7-AGE: 57 yrs. 8 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Do not Know

11-BIRTHPLACE OF FATHER (State or country): Do not Know

12-MAIDEN NAME OF MOTHER: Do not know

13-BIRTHPLACE OF MOTHER (State or country): Do not Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Davis

(Address) 1732 Townsend Place

15- NOV 26 1915 Filed ....., 191 ROBERT J. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 24th (Month) (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~June 10th~~ 1915, to, November 24th 1915, that I saw h~~er~~ alive on November 20th 1915, and that death occurred, on the date stated above, at 2.00 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
Metastasis to Liver

(Duration) yrs 6 mos ds

Contributory (SECONDARY)

(Duration) yrs mos ds

(Signed) Albert F. King M.D.

Nov 25 1915 [Address] 1502 E. Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Co. [illegible] — DATE OF BURIAL: Nov 27 1915

20-UNDERTAKER: Robert J. Lawson — ADDRESS: Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Bruce St. ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan C. Maddox

(Residence in Baltimore: No. 412 Bruce St.; 35 yrs., 2 mos. 11 ds.)

Wife of Johnson Horse to Cecelia Maddox

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word) Divorced

6-DATE OF BIRTH, Sept. 12, 1880 (Month) (Day) (Year)

7-AGE, 35 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone mfr.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jessie Stribling

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie Stribling

(Address) 412 Bruce St

15-

NOV 26 1915

Filed....., 191...

ROBERT J. KRAUTER, Permit Clerk.

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1915, to Nov 23 1915, that I saw h[er] alive on Nov 23 1915, and that death occurred, on the date stated above, at 3:15 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 5 mos. ds.

(Signed) Walter Hoover M. D.

11/24/15, 191... (Address) 2300 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Leader Hill Cemetery — DATE OF BURIAL, Nov. 26..., 1915

20-UNDERTAKER Robert J Dunne — ADDRESS Broadway & Bruce St

Spec.—5-19-13—M. & T.—500 Bks.

C89896 C89896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hahnemann Gen Hospital 13 REGISTERED NO. C 91

CITY OF BALTIMORE: (No. 120 N Mount ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Mr Joseph Schmidt

(Residence in Baltimore: No. 1722 Pruetman St. St.; 4 yrs., 6 mos. 6 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, unknown (Month) (Day), 1838 (Year)

7-AGE, 77 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bauer

(Address) 1643 Argyle Ave

15- Filed NOV 26 1915, 191.

ROBERT J. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 25th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24th 191, to Nov 25th 191, that I saw him alive on Nov 25th 191, and that death occurred, on the date stated above, at 2 30 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Bronchitis (Duration) Unknown yrs. mos. ds.

(Signed) M Drew M. D.
Hahnemann Gen Hospital
Nov 25th, 191.6. (Address) 120 N. Mount St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Bruce & Pruetman Sts

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
London Park	Nov 27, 1915

20-UNDERTAKER M. Fahey & Sons ADDRESS 606 Lafayette Ave

important. See instructions on back of certificate.

FILM

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~89697~~ 120 C89897

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Geo W. Rehling

(Residence in Baltimore: No. 103 W. Monument St. St.; 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. 11th (Month) (Day), 1839 (Year)

7-AGE, 76 yrs. ..... mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Konrad Germany

PARENTS.

10-NAME OF FATHER, Robt. Rehling

11-BIRTHPLACE OF FATHER (State or Country), Darmstadt Germany

12-MAIDEN NAME OF MOTHER Amelia Fogler

13-BIRTHPLACE OF MOTHER (State or Country), Darmstadt Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elisa Rehling

(Address) 103 W. Monument St.

15- Filed NOV 26 1915, 191.. ROBERT J. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 17, 1915, to Nov 25, 1915, that I saw h.. alive on Nov. 25, 1915, and that death occurred, on the date stated above, at 6.30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. ..... mos. ..... ds.

(Signed) H. B. Wolf M. D.

11/25, 1915. (Address) 113 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 103 W. Monument St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, 11—28, 1915

20-UNDERTAKER H. W. Jenkins Son Co. ADDRESS Orchard Mc Culloh St.

important. See instructions on back of certificate.

U.S.A. FOLDAK

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89893 18 C89893

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1620 Appleton St. 15 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa L Satterfield

(Residence in Baltimore: No. 1620 Appleton St.; 2 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	widow

6-DATE OF BIRTH unknown, 1845
(Month) (Day) (Year)

7-AGE 70 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Unknown

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Leonard

(Address) Washington Ave

Filed NOV 26 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov 24, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1915, to Nov 24 1915, that I saw h er alive on Nov 24, 1915, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 9 ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 10 ds.

(Signed) Wm S. Love M. D.

Nov 26, 1915 (Address) 836 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	Nov 27, 1915
20-UNDERTAKER	ADDRESS
W Fahey & Son	616 Lafayette Ave

Spec—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 560 Pratman ST.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie R. Johnson

(Residence in Baltimore: No. 560 Pratman St.; 45 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Col	Single

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day) ....., 186[illegible] (Year)

7-AGE,	If LESS than 1 day.
..... yrs. 45 mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) ..... School

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jas. F. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eleanor [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mrs. Chase

(Address) ..... 560 Pratman St.

15- Filed NOV 26 1915 ROBERT . BRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov. (Month) ..... 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21st 1915, to Nov. 23 1915, that I saw her alive on Nov. 23 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

1st. Congestion Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) W. F. Carter M. D.

Nov. 24 1915 (Address) 515 Forster St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Nov. 26, 1915
20-UNDERTAKER Wm. F. Carter	ADDRESS Hampden

important. See instructions on back of certificate. Every question must be properly answered. Each statement of OCCUPATION is very

C89000 49 C89000

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 659 George, ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Rice

(Residence in Baltimore: No. 659 George St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-~~SEX~~: Fem | 4-COLOR OR RACE: Col | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month) (Day) 1865 (Year)

7-AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Chas. Kirk

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Lucinda Allen

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Fulton

(Address) 659 George

15- NOV 26 1915 Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 6, 191 5, to, Nov. 24 191 5, that I saw h.. alive on Nov. 24 191 5, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

— (Duration) — yrs — mos. 19 ds.

Contributory (SECONDARY): Old age

..... (Duration) — yrs — mos. ds.

(Signed), Edward J. Mealley M. D.

Nov. 24 191 5. [Address] 1220 E. Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL ....., 191

20-UNDERTAKER: Chas. T. Case — ADDRESS

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89991

REGISTERED NO. C 89991

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 Tilled. ST.) 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Pierce.

(Residence in Baltimore: No. 2424 Tilled. St. 24 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Sept 5th, 1887 (Month) (Day) (Year)

7-AGE: 28 yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: John H. Scott.

11-BIRTHPLACE OF FATHER (State or Country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Miller.

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H. Pierce.

(Address) 2424 Tilled St.

15- NOV 26 1915 Filed ..... 191... NORBERT F. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 22 1915, to Nov 22 1915, that I saw h[illegible] alive on Nov 22 191, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cortical Stenosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) yrs. mos. ds.

(Signed) H. L. Rickard M. D.

Nov 2, 1915 (Address) 5100 Allline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn — DATE OF BURIAL: Nov. 26. 1915.

20-UNDERTAKER: Lilly & Zeiler — ADDRESS: 403 S. Wolfe St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89902

CERTIFICATE OF DEATH.

104

REGISTERED NO. C 89902

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Shakespeare ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Girwa

(Residence in Baltimore: No. 1626 Shakespeare St.; yrs. mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Nov (Month) 3" (Day), 1915 (Year)

7-AGE: ..yrs. ..mos. 21 da. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Frank Girwa.

11-BIRTHPLACE OF FATHER (State or Country): Austria Poland

12-MAIDEN NAME OF MOTHER: Helen Poslusny.

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Girwa.

(Address) 1626 Shakespeare St.

15-

Filed NOV 26 1915, 191.... Registrar. ROBERT . KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 25th 1915, to Nov. 26 1915, that I saw him alive on Nov. 25th 1915, and that death occurred, on the date stated above, at 3½ a m.

The CAUSE OF DEATH* was, as follows:

Enteritis

(Duration) ..yrs. ..mos. 2 da.

CONTRIBUTORY (Secondary) /

(Duration) ..yrs. ..mos. ..da.

(Signed) John H. Kelberger M. D.

Nov 26, 1915 (Address) 1709 Aliceanna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..da. In the State ..yrs ..mos. ..da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Nov 27", 1915

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann

important. See instructions on back of certificate. property estimates. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

Maud M. Beaumont.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89903

CERTIFICATE OF DEATH.

64

C89903

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 S. Gilmor ST. 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maud M. Beaumont

(Residence in Baltimore: No. 111 S. Gilmor St St., 36 yrs., 3 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, August 23, 1879.
(Month) (Day) (Year)

7-AGE, 36 yrs. 3 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James W. Hoffard

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md

12-MAIDEN NAME OF MOTHER Caroline Douglas.

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clifton Beaumont

(Address) 111 S. Gilmor St.

15- NOV 26 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 23, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 11 1915, to November 23 1915, that I saw h alive on November 23 1915, and that death occurred, on the date stated above, at 1.45 P.m.

The CAUSE OF DEATH* was as follows:

Status Epilepticus

(Duration) ...yrs.....mos. 8 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(Duration) ...yrs.....mos. 2 ds.

(Signed) Wilbur P. Hall M. D.

Nov. 26, 1915. (Address) 1715 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, Nov 26, 1915.

20-UNDERTAKER Jos. T. Cook & Co. ADDRESS 1003 W. Balto St.

important. See instructions on back of certificate. Each statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 C89904

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Americus Holland

(Residence in Baltimore: No. 2108 E. High St. St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Not Known (Month) (Day), 1 (Year)

7-AGE, 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shoe maker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. Andrews

(Address) 727 S. Lakewood Ave

15- Filed NOV 26 1915 191 ROBERT , KRAUTER, Burial Permit, 21215 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 6 191 5, to Nov. 23 191 5, that I saw h alive on Nov. 22 191 5, and that death occurred, on the date stated above, at 12.45 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Chronic Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

Nov. 23 191 5. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 2108 E. High

19-PLACE OF BURIAL OR REMOVAL, Asbury Methodist — DATE OF BURIAL, Nov. 26 1915

20-UNDERTAKER Kindell Appel & Son — ADDRESS 398 Lanvale

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

089903 151

CERTIFICATE OF DEATH.

089903

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Anderson

(Residence in Baltimore: No. Mercy Hospital St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	blacks	

6-DATE OF BIRTH, Nov 21, 1915
(Month) (Day) (Year)

7-AGE, 2 3/4hr. ...yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jerry Anderson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Clara Ford

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- NOV 26 1915 Filed, 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 21 1915, to Nov 21 1915, that I saw him alive on Nov 21 1915, and that death occurred, on the date stated above, at 4 45 m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Dr. M. D.

Nov 23 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	NOV 25 1915, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

Per W. E. Wood

Brenda

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bkg.

C89906

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89906

CERTIFICATE OF DEATH.

8 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 657 Gutman Ave ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Lincoln

(Residence in Baltimore: No. 657 Gutman Ave St.; yrs., mos. ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April (Month) 9th (Day), 1853 (Year)

7-AGE, 62 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, William Thomson

11-BIRTHPLACE OF FATHER (State or Country), Conn.

12-MAIDEN NAME OF MOTHER Fannie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Jacob Bonnett

(Address) 657 Gutman Ave

15- Filed NOV 26 1915, 191. ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 25th, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 20th 1915, to Nov. 25th 1915, that I saw her alive on Nov 25th 1915, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Chronic Parenchymatous Nephritis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jos. N. Bungardner M. D.

Nov 27th 1915 (Address) 1537 Hanover Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	November 27 1915
20-UNDERTAKER	ADDRESS
Henry Horch & Son	130 E Eager st

important. See instructions on back of certificate. ...e property entombed. Enter statement of OCCUPATION is very

C89907

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C89907

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 613 N Paca St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand Palmer

(Residence in Baltimore: No. 613 N Paca Street St.; 22 yrs. 6 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH: April (Month) 17 (Day), 1893 (Year)

7-AGE: 22 yrs. 6 mos. 24 ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Printer Jr
(b) General nature of industry, business, or establishment in which employed (or employer): Jobbing Press

9-BIRTHPLACE (State or country): Md. Balto.

PARENTS

10-NAME OF FATHER: Samuel J. Palmer.

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Katy Nursey

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Palmer

(Address) 613 N Paca St

15- Filed NOV 26 1915 ROBERT KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 23d (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26, 1915, to, Nov 23 1915, that I saw h... alive on nov 23 1915, and that death occurred, on the date stated above, at 5-4 m.

The CAUSE OF DEATH* was as follows: Apoplexy

Cardiac insufficiency

(Duration) ... yrs. 6 mos. ... ds.

Contributory (SECONDARY): a general debility

(Duration) 1 yrs. 6 mos. ... ds.

(Signed) Bernard K Grunch M. D.

11-27, 191.. [Address] 1707 E Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Jew's Cathedral — DATE OF BURIAL: 11 27 1915

20-UNDERTAKER: Samuel F Kemsley — ADDRESS: 578 N Eden

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bkts.

C89963

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89963

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 590 W. Biddle ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Parks

(Residence in Baltimore: No. 590 W. Biddle St.: 7 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	negro	single

6-DATE OF BIRTH, unknown (Month) (Day) 1873 (Year)

7-AGE, about 42 yrs. X mos. X ds. If LESS than 1 day, X hrs. or X min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: driver
(b) General nature of industry, business, or establishment in which employed (or employer): wagon

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER. John H. Parks

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md.

12-MAIDEN NAME OF MOTHER Mollie Walker

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) X L. T. Hensley

(Address) 578 W. Biddle St

15- NOV 26 1915 Filed, 191 ROBERT , KRAUTER, Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 191X, to Nov 25 191X, that I saw h[illegible] alive on Nov 25 191X, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) 1 yrs. X mos. X ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) X yrs. X mos. 3 ds.

(Signed) P Burton M. D.

11/25, 1915. (Address) 1939 Wilkens Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, 11/26, 1915

20-UNDERTAKER Samuel T Hensley

ADDRESS 578 W Biddle

important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Bks.

C89909

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89909

CERTIFICATE OF DEATH.

170

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3906 Garrison Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Agnes Coyle

(Residence in Baltimore: No. 3906 Garrison Ave St.; 36 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 11th (Day), 1877 (Year)

7-AGE, 38 yrs. 4 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, Richard J. Coyle

11-BIRTHPLACE OF FATHER (State or Country) England

12-MAIDEN NAME OF MOTHER Mary Agnes Sellers

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Frances Coyle

(Address) 3906 Garrison Ave

15- Filed NOV 26 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1914, to Nov 24 1915, that I saw h[er] alive on Nov 23 1915, and that death occurred, on the date stated above, at 11½ a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 7 ds.

(Signed) E. Vanderlaan M. D.

Nov 24, 1915. (Address) 24 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem — DATE OF BURIAL, Nov 27 1915

20-UNDERTAKER Chas F. Evans & Son — ADDRESS 118 W. Mt Royal Ave

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89910 — 64 — C89910

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 529 Oxford St.: 17 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Shipman

(Residence in Baltimore: No. 529 Oxford St.: 1 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Not Known, (Month) (Day) (Year)

7-AGE: 40 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Farm. Hand.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Isaac. Thomas

11-BIRTHPLACE OF FATHER (State or country): Maryland.

12-MAIDEN NAME OF MOTHER: Alice Brooks

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice Brooks

(Address) 529 Oxford St

15. NOV 27 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1915. to. Nov 26 1915. that I saw h[illegible] alive on Nov 20, 1915. and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ... yrs. ... mos. 10 ds

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) ... yrs. 3 mos. ... ds.

(Signed) I. S. Hanlesey M. D.

Nov 26, 1915. (Address) 1202 Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Catonsville Md. DATE OF BURIAL: Nov 26, 1915

20-UNDERTAKER: E + B Hanle ADDRESS: 115 E West St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2186 Madison St. 15 WARD)

Registered No. C 64

(If death occured in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry M. Ford

(Residence in Baltimore: No. 1536 N. Gilmor St.; yrs. 54 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct 19, 1872 (Month) (Day) (Year)

7-AGE: 43 yrs. 1 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Electrical Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John T. Ford

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Edith B Andrews

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Chas E Ford

(Address): 1536 N. Gilmor

NOV 27 1915

Filed ..... 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1915, to Nov 26 1915 that I saw h alive on Nov 26, 1915 and that death occurred, on the date stated above, at 10 A M.

The CAUSE OF DEATH* was as follows:

1. Cerebral hemorrhage
Apoplexy

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY): Tabes

(Duration) 8 yrs. ..... mos. ..... ds.

(Signed) Wm Hayward M.D.

....., 191.... (Address) 805 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Nov 28, 1915

20-UNDERTAKER: Robt J Turner & Son — ADDRESS: 1422 Pine

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

REGISTERED No. C

1-PLACE OF DEATH Johns Hopkins Hosp

CITY OF BALTIMORE (No. E Monument St. 3 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Bielski

(Residence in Baltimore: No. 1528 Thames St.; 1 yrs., 11 mos. 3 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Child

6-DATE OF BIRTH, Dec 23rd, 1913.
(Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City Md

PARENTS.

10-NAME OF FATHER, Frank Bielski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Agnes Bajorit

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Bielski

(Address) 1528 Thames St.

15- NOV 27 1915 HENRY C ANDREAS,
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 25th, 191 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Accident) Dead when found in bed

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration) .....yrs.....mos.....ds.

(Signed) Lawrence J. Russell M. D.
(Coroner.)

Nov 26th, 191 5. (Address) 15 W Mulberry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

1528 Thames St.

Former or usual residence 1528 Thames St.

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary — DATE OF BURIAL, Nov 27 191 5

20-UNDERTAKER William Jackowski — ADDRESS 16 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C89913

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89913

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 James — ; ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Schmidt

(Residence in Baltimore: No. 1321 James St.; Life time yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 22 (Month) (Day), 1866 (Year)

7-AGE, 48 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Fred'c Heiser

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Louis Schmidt

(Address) 1351 James St.

15- NOV 27 1915 Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 24th (Month) (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from about Nov 17 1915, to Nov. 24th 1915, that I saw h.r alive on 22nd of Nov 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cancer Abdominalis
a Hepatis
Causa Mechanica

(Duration) Several Years

CONTRIBUTORY (Secondary) Oedema of Lungs

Exhaustion (Duration) yrs. 2 mos. 3 ds.

(Signed) Howard A. Lewis M. D.

Nov 25, 1915. (Address) 2215 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. 4 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cemetery	Nov. 27, 1915
20-UNDERTAKER Geo. A. Gerbig	ADDRESS Balto & Pine 56

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

8

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3403 Cedar Ave. St.; 13 WARD)

REGISTERED No. C89914

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James L. Yoast.

(Residence in Baltimore: No. 3403 Cedar Ave. St.; 1 yrs., 2 mos. 19 ds.)

important. See instructions on back of certificate. ...ny clothes. Exact statement of OCCUPATION is very ...ssary. Also, if any of the following are present, ...ey are ...

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 6 (Day), 1914 (Year)

7-AGE, 1 yrs. 2 mos. 19 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, Elmer L. Yoast

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Carrie V. Eisinger

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Elmer L. Yoast

(Address). 3403 Cedar Ave

15-
Filed NOV 27 1915, 191.. ROBERT O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 21 1915, to November 25 1915, that I saw him alive on Nov 24th 1915, and that death occurred, on the date stated above, at 9.20 A m.

The CAUSE OF DEATH* was as follows:

Catarrhal Pneumonia

(Duration) ...yrs. ...mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Albert Wesley M. D.

Nov 26 1915 (Address) 3.649 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Mary's Govans

DATE OF BURIAL, Nov. 27, 1915

20-UNDERTAKER Horace Burgee

ADDRESS 1631 Folls Road

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C89915

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M Jones

(Residence in Baltimore: No. 831 Bond St St.; ..yrs.. 4 mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov (Month) 20 (Day), 1876 (Year)

7-AGE, 39 yrs. ..mos. 6 ds.

If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Rock Creek Summit Co Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Rock Creek Summit Co and

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

NOV 27 1915

Filed ....., 191.. Burial Permit Given.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 25 1915, to November 25 1915, that I saw him alive on November 25 1915, and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..yrs. ..mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) P. W. Clough M. D.

Nov 26, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 1 ds. In the State 39 yrs. 6 mos. ..ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 831 Bond St

19-PLACE OF BURIAL OR REMOVAL, Bonny Dell DATE OF BURIAL, Nov 29 F. 1915

20-UNDERTAKER Harry A. Vodery ADDRESS 1728 Orleans St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C89916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C89916

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 1706 Orleans ST. 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John N. Clarke

(Residence in Baltimore: No. 1705 Orleans St. St.: yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown, 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Virginia Rose

(Address) 1705 Orleans st.

15-

Filed NOV 27 1915, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 25, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-11-00. 1915. to 25-11- 1915, that I saw h[illegible] alive on 24-11- 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

Over 2 weeks
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac and Respiratory Failure - Old age
(Duration) yrs. mos. ds.

(Signed) E. Wrayfield Bach M. D.

25-11-, 191.5. (Address) 1[illegible]3 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Georgetown Kent Co. Md. DATE OF BURIAL, Nov. 27, 191.5

20-UNDERTAKER Harry A. Vodery ADDRESS 1725 Orleans St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

J CLARKE

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 Warren Ave St.; 22 WARD)

REGISTERED No. C 89917

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Clarke

(Residence in Baltimore: No. 206 Warren ave St.; a 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dont Know, ... (Month) ..... (Day) ..... (Year)

7-AGE, ... yrs. ..... mos. 65 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Higgins

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Hart

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary clarke

(Address) 206 Warren ave

15-

Filed NOV 27 1915 HARRY O ANDREWS, Burial Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1915, to Nov 24 1915, that I saw h alive on Nov 27 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cardiac and Renal Dyscrasia
Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. mos. 10 ds.

(Signed) Danl Gross M. D.

Nov 24 1915 (Address) 1908 Mt Royal ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Nov. 27 1915

20-UNDERTAKER P J & W C Flynn

ADDRESS 1412 Light St

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

C89918

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Squires

(Residence in Baltimore: No. 1513 Burrough St St.; 2 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. August (Month) ..., 1913 (Day) (Year)

7-AGE, 2 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. George Squires

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Maggie Hopper

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed NOV 27 1915 191... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 25 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 191 5, to Nov 25 191 5, that I saw her alive on November 25 191 5, and that death occurred, on the date stated above, at 5 00 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert W Rosenthal M. D.

Nov 26, 191 5 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State 2 yrs. 3 mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence 1513 Burrough St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cemetery	Nov. 28, 1915.
20-UNDERTAKER	ADDRESS
H. & M. Flynn	1822 Light St

important. See instructions on back of certificate. ... property classified. Exact statement of OCCUPATION is very

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Mary's Hosp St. 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen A Cramer

(Residence in Baltimore: No. St Josephs Hosp. St.; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 11th (Day), 1861 (Year)

7-AGE, 54 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Railroad

9-BIRTHPLACE, (State or Country), Balt. Md

PARENTS.

10-NAME OF FATHER, Wm Cramer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Buster

(Address) North Point Rd near Highlandtown

15- NOV 27 1915 Filed....., 191.. ROBERT . KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 24th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Run Over Accident

(Duration).....yrs.....mos.....ds.

(Signed) Elijah J Russell M. D. (Coroner.)

Nov 26th, 191 5. (Address) 126 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 4 ds. In the State Life yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Well Point Rd

Former or usual residence North Pt Rd near Phila Rd

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, Nov 27, 1915

20-UNDERTAKER Christian Miller

ADDRESS 233 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89920 40 C89920

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 664 Rabory ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Fountain

(Residence in Baltimore: No. 664 Rabory St.: 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 27 (Day) 1875 (Year)

7-AGE. 40 yrs. 2 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: general laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER, Charles Fountain

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosetta Fountain

(Address) 664 Rabory St.

15. Filed NOV 27 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 10 1915, to November 24 1915, that I saw h alive on November 23 1915, and that death occurred, on the date stated above, at 4.15 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

Chronic Nephritis

(Duration) 10 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) — yrs. — mos. — ds.

(Signed) Chester R. Land M. D.

NOV-25, 1915. (Address) [redacted] 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Int Auburn Cem Co DATE OF BURIAL. Nov 27, 1915

20-UNDERTAKER Geo H Hooper ADDRESS 609 Little Pacas St

(Over)

important. See instructions on back of certificate.

C89921

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

C89921

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1112 Myrtle Av ST.: 17 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Elizabeth Wilson

(Residence in Baltimore: No. 1112 Myrtle Ave. St.: 29 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: Dec 14, 1832 (Month) (Day) (Year)

7 AGE: 82 yrs. 11 mos. 12 ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Michel Realy

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Permelia Harvy

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ellenia Wilson

(Address) 1112 Myrtle ave

15 Filed NOV 27 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1915, to Nov. 26th 1915, that I saw h[er] alive on Nov 26, 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) ... yrs. ... mos. 2 ds

Contributory (SECONDARY) Old age

(Duration) 2 yrs. — mos. — ds.

(Signed) Geo W Bennett M. D.

Nov 26, 1915 (Address) 800 Eutaw Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem[etery]

DATE OF BURIAL: Nov 27, 1915

20 UNDERTAKER: Wilbur H Shriver

ADDRESS: 1018 Edmondson Av[enue]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89922

CERTIFICATE OF DEATH.

92

REGISTERED NO. C 89922

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 East St ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel John Jarvis

(Residence in Baltimore: No. 135 East St St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, May 13, 1832
(Month) (Day) (Year)

7-AGE, 83 yrs. 6 mos. 11 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lumber Broker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Peter Jarvis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Adeline Madden

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas James

(Address) 135 East St.

15- NOV 27 1915 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 1915, to Nov 24 1915, that I saw h.. alive on Nov 24 1915, and that death occurred, on the date stated above, at 7.15 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm C Burns M. D.

Nov 25 1915. (Address) 2475 East St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, Nov 27., 1915.

20-UNDERTAKER John W Henderson — ADDRESS 317 Caroline

CAUSE OF DEATH in plain terms, as much as may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89923 C89923

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2539 Woodbrook Ave. St., 13 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Agnes - Hoffman

(Residence in Baltimore: No. 2539 Woodbrooke St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 18 (Day), 1847 (Year)

7-AGE, 68 yrs. 9 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Rudolph Schulz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Cyrs. Raley

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas Hoffman

(Address) 2539 Woodbrooke

15- Filed NOV 27 1915, 191.... ROBERT . KRAUTER, Assistant Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 6 1915, to Nov 26 1915, that I saw h-- alive on Nov 26 1915, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation 1
Bronchitis Duration 6 hrs
Duration 2 1/2 mos

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastro Enteritis Toxemia & Bronchitis (Duration) yrs. 2½ mos. ds.

(Signed) R. S. Carman M. D.

Nov 26, 1915. (Address) 1701 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore — DATE OF BURIAL, Nov 28, 1915

20-UNDERTAKER William Cook — ADDRESS 502 E Fort

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 172

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2 St Paul's Drug ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lynwood Montgomery

(Residence in Baltimore: No. 2006 Portugal St.) 16 — — St.; yrs., mos. da.)

N.B.—Carefully study the following instructions. Every item of information should be carefully supplied. AGE, PLACE OF BIRTH, RESIDENCE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, April 13th, 1885
(Month) (Day) (Year)

7-AGE, 30 yrs. 7 mos. 12 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Dixon Montgomery

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ellen Mayor

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Cora Montgomery

(Address) 2006 Portugal Street

15- Filed NOV 27 1915, 191... ROBERT . KRAUTER, Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 26th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident fell 8 ft on cement

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner.)

Nov 26, 1915 (Address) N. W. Mattingly

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State 16 yrs....mos....ds.

Where was disease contracted, if not at place of death? In front of 128 N. Washington Ave.

Former or usual residence 2006 Portugal Ave.

19-PLACE OF BURIAL, OR REMOVAL, Oakland Cem. | DATE OF BURIAL, Nov 29, 1915

20-UNDERTAKER Wm Cook | ADDRESS 387 E. Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

151
1

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 561 Bloom street, ST. 14 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Thomas,

(Residence in Baltimore: No. 561 Bloom street,

St.: yrs., Life mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, November (Month) 26th (Day), 1915. (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Lloyd Thomas,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Florence Washington,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Smith, cousin,

(Address) 561 Bloom street.

15- Filed NOV 27 1915, 191.... ROBERT . KRAUTAR, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 26th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital asthenia,
(eight month's utero-gestation)
(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) J. Frederick Neuchel, M. D.
(Coroner.)

Nov. 27, 191 5 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Nov 27 1915
20-UNDERTAKER James H Davis	ADDRESS 320 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Anietia Fisher

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89926 C89926

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anietia Fisher

(Residence in Baltimore: No. 304 S Robinson St ..... St.; 28 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, June (Month) 23 (Day), 1862 (Year)

7-AGE, 53 yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Kline

11-BIRTHPLACE OF FATHER (State or Country), Russia-Poland

12-MAIDEN NAME OF MOTHER Mary Ochroglu

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- NOV 27 1915 ROBERT . KRAUTH, Filed ....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 12 191 5, to Nov 26 191 5, that I saw her alive on November 26 191 5, and that death occurred, on the date stated above, at 8 20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis Emphysema

Hypertrophy of Heart

Manifestations of Colds

(Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

Pneumonia (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) A J Hamilton M. D.

Nov 26, 191 5. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 304 S Robinson St

19-PLACE OF BURIAL OR REMOVAL, H. Stanislaus. DATE OF BURIAL, Nov 29, 191 5.

20-UNDERTAKER M F Sadowski ADDRESS 705 S Ann

important. See instructions on back of certificate.

C89927

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 89927

CITY OF BALTIMORE: (No. 2702 Dillon St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon Karcz

(Residence in Baltimore: No. 2702 Dillon St.; Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
male	white	Single

6-DATE OF BIRTH: December (Month) 9 (Day), 1909 (Year)

7-AGE: 5 yrs. 11 mos. 18 ds. If LESS than 1 day, hrs., or min.

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Andrew Karcz

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Agnes Pawlak

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Karcz

(Address) 2702 Dillon St

15- Filed NOV 27 1915 191 ROBERT J. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 21, 1915, to, Nov 26 1915, that I saw h[illegible] alive on Nov 26 1915, and that death occurred, on the date stated above, at 3.15 m.

The CAUSE OF DEATH* was as follows:

Scarlet fever

(Duration) yrs. mos. 6 ds.

Contributory (SECONDARY) Septic angina

(Duration) yrs. mos. 5 ds.

(Signed) Wm. J. Mealey M. D.

Nov 27, 1915 (Address) 537 S. Edwards

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Stanislaus Cem

DATE OF BURIAL: Nov. 27th, 1915

20-UNDERTAKER: Stephen J. Fialkowski

ADDRESS: 1019 S Kenwood Ave

1 P. M.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89923

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 325 E. 25th St. Ward 12) REGISTERED No. C 89923 19

2 FULL NAME Patrick J. Kelly.

(Residence in Baltimore: No. 325 E 25th St.) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: 46 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: December, 1869 (Month) (Day) (Year)

7 AGE: 46 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Fireman &
(b) General nature of industry, business, or establishment in which employed (or employer): Pottery?

9 BIRTHPLACE (State or country): Maryland.

PARENTS

10 NAME OF FATHER: John Kelly.

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Fleming

13 BIRTHPLACE OF MOTHER (State or country): Ireland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis Rochfort

(Address) 325 E 25th St

15. NOV 27 1915 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 26 1915, to Nov. 26 1915,

that I saw h alive on Nov. 25, 1915,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis and
Arteriosclerosis

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Eugene L. Jessup M. D.

Nov 27, 1915 (Address) 325 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Nov 29, 1915

20 UNDERTAKER: E B Friedfeld Jr — ADDRESS: 3 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C89929 ×50 C89929

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Hirschel

(Residence in Baltimore: No. Experiencing Hospitalism St.; ..... yrs., ... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 15 (Year)

7-AGE,	If LESS than 1 day,
61 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Georg Siemon

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Sofia Thiele

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Mrs. Sophia Schultz

(Address)..520 N. Milton Ave.

15- NOV 27 1915 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 22, 1915, to Nov 26, 1915, that I saw h.r alive on Nov 26, 1915, and that death occurred, on the date stated above, at 7.30 P.m.

The CAUSE OF DEATH* was as follows:

Cystic Tuberculosis Thyroid
Heart. Hypertrophy
Diabetes

(Duration)..... yrs..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation, (Duration)..... yrs..... mos..... ds.

(Signed) E. Lucas Yaworski M. D.

11-26-, 1915. (Address) 1 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 50 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1 Rockdale Ave Raspburg Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Comet	Nov 29 1915
20-UNDERTAKER	ADDRESS
Louis Hamann	32 S Broadway

one

important. See instructions on back of certificate. ...y be properly classified. Exact statement of OCCUPATION is very

C89930

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C89930

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2234 E. Biddle St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaretta Graetzel

(Residence in Baltimore: No. 2234 E. Biddle St.: 18 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: April (Month) 17 (Day), 1837 (Year)

7-AGE: 78 yrs. 7 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Claus Steerken

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Hebbel Furns

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. Clem. Graetzel

(Address) 2234 E. Biddle St.

15- Filed NOV 27 1915 ROBERT . KRAUTER, Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20, 1915, to, Nov 26 1915, that I saw h[illegible] alive on Nov 26, 1915, and that death occurred, on the date stated above, at 1.40 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. 2 mos. 3 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) C. C. Kramer M. D.

Nov 26, 1915 (Address) 1301 N Patapsco

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Emmanuel Cemetery — DATE OF BURIAL: Nov. 29th 1915

20-UNDERTAKER: Fredk. Lassahn & Son — ADDRESS: Fullerton Md

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89931 152 C89931

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 822 N. Parish St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Brayton

(Residence in Baltimore: No. 822 N Parish St.; 0 yrs., 0 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 11 (Month) 18 (Day), 1915 (Year)

7-AGE. 0 yrs. 0 mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER. John Brayton

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Annie Kellams

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Brayton

(Address) 822 N Parish

15- NOV 27 1915 Filed ROBERT . KRAUTER, Burial Permit Clerk. 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-18-15 191 , to 11-26 191 5, that I saw h[illegible] alive on 11-26 191 5, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Congenital

Atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) ? yrs. 0 mos. 0 ds.

(Signed) O. H. Burke M. D.

11-27, 191 5 (Address) Union Mills

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn DATE OF BURIAL, 11-28, 191 5

20-UNDERTAKER Clarence E. Wright ADDRESS 1364 Mary

important. See instructions on back of certificate.

S • A • F • E • T • Y

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89932 C89932

151 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1148 Argyle ave. WARD 17)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Hall

(Residence in Baltimore: No. 1148 Argyle ave. St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, 11 (Month) 23 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 3 ds. If LESS than 1 day, ... hrs. or 0 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Fredrick Scott

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Minnie Hall

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fredrick Scott

(Address) 1148 Argyle Ave

15- Filed NOV 27 1915, 192.. ERNEST L. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-23 191 5, to 11-26 191 5; that I saw him alive on 11-26 191 5, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Marasmus

Prematurity

(Duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) .....

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) H. L. Burd M. D.

11-27, 191 5 (Address) Union Hotel

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Ashelus — DATE OF BURIAL, Nov. 28th, 1915

20-UNDERTAKER Clarence Engle — ADDRESS 1364 W. Lanvale

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89933

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 Argyle Ave ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cephas Johnson

(Residence in Baltimore: No. 1336 Argyle Ave St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Alabama, (Month) (Day) 1848 (Year)

7-AGE, 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, David Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Rault

(Address) 1336 Argyle Ave

15- NOV 27 1915 ROBERT . KRAUTER, Registrar

Filed ....., 191.. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 20 1915 to Nov 24 1915, that I saw him alive on Nov 24 1915, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 4 ds.

(Signed) S. Bernard Hughes M. D.

Nov 25, 1915 (Address) 1403 E. Hill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Nov. 27, 1915

20-UNDERTAKER Alfred J. Freeland

ADDRESS 1405 Church St

important. See instructions on back of certificate.

be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(89931) (89934)

CERTIFICATE OF DEATH.

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Jerome Wallace, Jr

(Residence in Baltimore: No. Md. Gen. Hospital St.: ..... yrs. ..... mos. 8 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Black

5-SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Child

6-DATE OF BIRTH, Nov 18, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 8 da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work (Baby)
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Albert Wallace

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER, Mazie Hope

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. B. Lowry, M. D.

(Address) Md. Gen. Hospital.

15-NOV 27 1915 ROBERT . KRAUTER
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 18 1915, to Nov 26 1915, that I saw him alive on Nov 26, 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ..... yrs. ..... mos. 8 da.

CONTRIBUTORY (Secondary) none

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) S. D. Thayron M. D.

Nov. 27, 1915. (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 da. In the State ..... yrs. ..... mos. 8 da.

Where was disease contracted, if not at place of death? —

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, NOV 27 1915, 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

Per. Wm. E. WOODALL. Licensed

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89935 C89935

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 760 W. Lexington St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Louis.

(Residence in Baltimore: No. 760 W. Lexington St.; yrs., mos. 1 min. dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White.	Single

6-DATE OF BIRTH, 11 (Month) 27 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 0 hrs. or 4 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER Joseph P. Louis

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Edie Ellis

13-BIRTHPLACE OF MOTHER (State or Country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Louis

(Address) 760 W. Lexington

15- NOV 27 1915 ROBERT . KRAUTER, Registrar.
Filed ....., 191.. Burial Permit issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-27 1915, to 11-27 1915, that I saw h[illegible] alive on 11-27 1915, and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) C. L. Rusk M. D.

11-27, 1915. (Address) Union Sq.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill Cemetery

DATE OF BURIAL. Nov 27, 1915.

20-UNDERTAKER H. H. Flynn

ADDRESS 1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89936 C89936

CERTIFICATE OF DEATH.

REGISTERED NO. C 15!

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 W. Ostend ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Wm Townsend

(Residence in Baltimore: No. 1301 Ostend St ST.; yrs. 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct. (Month) 5 (Day) 1914 (Year)

7-AGE, ...yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Chas F Townsend

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Nettie V White

13-BIRTHPLACE OF MOTHER (State or Country) Cecil Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas W Townsend

(Address) 1301 W. Ostend St.

15- NOV 27 1915 Filed ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 26 (Day), 1914 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1915, to Nov 25 1915, that I saw him alive on Nov 24 1915, and that death occurred, on the date stated above, at 3 30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Mal nutrition

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Richard Dacus M. D.

Nov 27, 1915. (Address) 127 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Baltimore City DATE OF BURIAL, Nov 28, 1914

20-UNDERTAKER Jas B. Cook ADDRESS 603 N Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89937 C89937

CERTIFICATE OF DEATH.

110

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Castle ST.; 1 WARD) REGISTERED NO. C

2-FULL NAME Theodore Bachman

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

(Residence in Baltimore: No. 517 N. Castle St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 28, 1845
(Month) (Day) (Year)

7-AGE 70 yrs. 2 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Bachman

(Address) 517 N. Castle

15-

Filed NOV 27 1915, 191 ROBERT . KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 191 5, to Nov 25 191 5, that I saw h[illegible] alive on Nov 25 191 5, and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Atrio Sclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Paresis

(Duration) 6 yrs. 3 mos. ds.

(Signed) Edward H. Cook M. D.

11/26, 191 5 (Address) 1137 Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Nov. 28, 1915

20-UNDERTAKER Philip Herwig Weems ADDRESS 2016

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89933

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C89933

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2645 Maryland Avenue ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Grafton

(Residence in Baltimore: No. 2645 Maryland Avenue St.; 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	married

6-DATE OF BIRTH: May (Month) 6 (Day), 1853 (Year)

7-AGE: 62 yrs 6 mos 19 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Ry. Conductor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Harford County Md.

PARENTS

10-NAME OF FATHER: Alexander Grafton

11-BIRTHPLACE OF FATHER (State or country): Harford Co. Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Tucker

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. Sophia Grafton

(Address): 2645 Maryland Avenue

15- Filed NOV 27 1915 191 — ROBERT J. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25th 1915 (8 a.m.) to, Nov 25 10 P.M. 1915, that I saw him alive on Nov 25 9-30 P.M. 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ..... yrs ..... mos. 16 hours

Contributory (SECONDARY) Arterio - Sclerosis

(Duration) 6 yrs ..... mos. ..... ds.

(Signed), Albert Shirley M. D.

Nov 26 1915. [Address] 3845 Roland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Nov 28, 1915

20-UNDERTAKER: A. S. Marshall — ADDRESS: 3639 Falls Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(089939) 28 (089939)

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 588 N Gay ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Casper Drecholer

(Residence in Baltimore: No. 588 N Gay St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 29 (Day), 1887 (Year)

7-AGE, 28 yrs. 1 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Printer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Casper Drecholer

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Annie Schultheis

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Drecholer

(Address) 1138 N Fulton Av

15- Filed NOV 27 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 25th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1915, to Nov. 25 1915, that I saw him alive on Nov. 22 1915, and that death occurred, on the date stated above, at 12.40 P m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) yrs. 1 mos. ds.

(Signed) Charles Theer M. D.

11/27/15, 191... (Address) 408 S Patterson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem

DATE OF BURIAL, Nov 28, 1915

20-UNDERTAKER J Herring & C

ADDRESS 2008 Aliceanna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89940 C89940

CERTIFICATE OF DEATH.

x109

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Worten

(Residence in Baltimore: No. University Hosp. St.; ....yrs., ...mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Unknown (Month), ... (Day), 1874 (Year)

7-AGE. 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): General Merchandise

9-BIRTHPLACE, (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER. J. L. Worten

11-BIRTHPLACE OF FATHER (State or Country). N.C

12-MAIDEN NAME OF MOTHER Kathrine Speights

13-BIRTHPLACE OF MOTHER (State or Country). N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. S. Coleman M.D.

(Address) University Hosp

15- NOV 27 1915 ROBERT J. KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11/26 1915, to 11/27 1915, that I saw h[illegible] alive on 11/27 1915, and that death occurred, on the date stated above, at 5.35 P.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Peritonitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Operative Shock

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) G. S. Coleman M. D.

11/27, 1915 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. 2 ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence Laurinburg N.C.

19-PLACE OF BURIAL OR REMOVAL. Fairview N.C. DATE OF BURIAL, Nov 27, 1915

20-UNDERTAKER Jos. D. Cook ADDRESS 1004 N. Belt

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 47089941

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1046 Argyle Ave ST.: 17 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Tilghman

(Residence in Baltimore: No.) 1046 Argyle Ave St.; 38 yrs., mos. dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Richmond (Month) (Day) 1877 (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Public

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Tilghman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Jane Green

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Tilghman

(Address) 1046 Argyle Ave

15- NOV 28 1915 ROBERT J. KRAUTER, Filed ..... 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1915, to Nov 1915, that I saw h[illegible] alive on Nov. 24 1915, and that death occurred, on the date stated above, at 4.40 p.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) yrs. mos. 24 ds.

(Signed) D. P. Antkett M. D.

Nov 26, 1915. (Address) 357 W. Biddle st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, 11.28., 1915

20-UNDERTAKER Samuel S. Hawley

ADDRESS 578 Biddle St

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 89942 — 28 — C 89942

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 704 Melrose alley St. 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton R Brown

(Residence in Baltimore: No. 704 Melrose alley St.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE. 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER, Charles Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sadie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Johnson

(Address) 704 Melrose Ave

15- Filed NOV 28 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 26, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) J. T. Tippett M. D.

(Corner) Nov 26, 1915 (Address) 24 W 4th Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, Nov 28, 1915

20-UNDERTAKER Charles B Jones — ADDRESS 1113 N Carey

CAUSE OF DEATH. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89943 — 5 - 79 — C89943

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1140 May St ST. 5 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lettie Bailey.

(Residence in Baltimore: No. 1140 May St. St. (yrs., 42 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.)
Female	Colored	Widowed

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
74 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Queen Annes Co. Md.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER ~~Hobbs~~ Annie

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nancy Galloway (daughter)

(Address) 1119 Thompson St

15- NOV 28 1915 ROBERT J. KRAUTER, Filed ..... 191.. Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 25, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. R. Chambers M. D. (Coroner.)

Nov. 27, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Albert cemetery	Nov. 28 1915

20-UNDERTAKER R. C. Gross | ADDRESS 405 Madeira St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89941 C89941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 79 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 519 W. Franklin ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles D. Morningstar

(Residence in Baltimore: No. 519 W. Franklin St.: 40 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 7 (Day), 1848 (Year)

7-AGE, 67 yrs. 7 mon. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Boarding House

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Morningstar

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Sarah Ream

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Morningstar

(Address) 519 W. Franklin

15- NOV 28 1915 ROBERT . KRAUTER,

Filed....., 191. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 27 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon, and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Org. heart disease

(Duration) yrs. mos. ds.

(Signed) J. G. Jeffers M. D. (Coroner)

Nov 27 1915 (Address) 242 W. Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bel Air Md. Stone Chapel	Nov 29 1915
20-UNDERTAKER Julian Cook	ADDRESS 528 North

C89945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3907 Park Heights Ave ST. 15 WARD) REGISTERED No. C 1579

2-FULL NAME Annie R. Kennedy

(Residence in Baltimore: No. 3907 Park Heights Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July (Month) (Day), 1845 (Year)

7-AGE, 70 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Md. Balto.

PARENTS.

10-NAME OF FATHER, John Hindes

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary Baughman

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm A Kennedy

(Address) 3907 Park Heights Ave.

15- NOV 28 1915 ROBERT J. KRAUTER, Burial Permit Clerk.

Filed ..... 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 25th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteri Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

(Signed) Wm A Daniel (Coroner) M. D.

Nov. 26., 1915. (Address) 1704 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Olivet Cem — DATE OF BURIAL, Nov. 28, 1915

20-UNDERTAKER Chas. E. Franck — ADDRESS 802 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Henry Stickler

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89946 C89946

CERTIFICATE OF DEATH.

152

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 847 N Milton Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Stickler

(Residence in Baltimore: No. 847 N. Milton Ave St.; ...yrs.. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 27, 1915
(Month) (Day) (Year)

7-AGE, ~ yrs. 0 mos. ~ ds. If LESS than 1 day, ... hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Morton Stickler

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Agnes Hand

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morton Stickler

(Address) 847 N Milton ave

15- NOV 28 1915 ROBERT J. KRAUTER

Filed ....., 191... Special Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 27, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 27 1915, to Nov 27 1915, that I saw him alive on Nov 27 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Diffuse Peritonitis

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Dyspepsia

Mastoiditis (Duration) 1 yrs. ...mos. 7 ds.

(Signed) Alan B Lyman M. D.

Nov 27, 1915 (Address) 718 N Patterson Pk Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Nov 29, 1915

20-UNDERTAKER Henry Hosch Son

ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89947

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C89947

1-PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 2101 Frederick Ave. St.: 20 Ward) (If death occured in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Genevieve Schwab.

(Residence in Baltimore: No. 2101 Frederick Ave St.: 29 yrs. 0 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married.

6-DATE OF BIRTH: October 29th, 1886 (Month) (Day) (Year)

7-AGE: 29 yrs. 0 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: William Long

11-BIRTHPLACE OF FATHER (State or country): Balto. Md

12-MAIDEN NAME OF MOTHER: Marie Amend

13-BIRTHPLACE OF MOTHER (State or country): Howard Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George L. Schwab

(Address) 2101 Frederick Md

15- NOV 28 1915 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 26th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15th, 1915, to Nov. 26th 1915 that I saw h Er alive on Nov. 25th, 1915 and that death occurred, on the date stated above, at 1.30 p. m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) One yrs. — mos. — ds.

Contributory (SECONDARY) Uraemia

(Duration) — yrs. — mos. 10 ds.

(Signed) Hubert F. Gallmann M. D.

Nov. 27, 1915 (Address) 1227 W Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park. DATE OF BURIAL: Nov. 29, 1915

20-UNDERTAKER: Geo. L. Schwab & Bro. ADDRESS: 2101 Fred'k Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89948 C89948

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 79

CITY OF BALTIMORE: (No. Rear 1832 Penna Ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Fitzhenry

(Residence in Baltimore: No. Rear 1832 Penna Ave St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown (Month) 1 (Day) (Year)

7-AGE: 60 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Rabe

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Fitzhenry

(Address) 1832 Penna Ave

15- Filed NOV 28 1915 ROBERT J. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 27 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1915, to Nov 27 1915, that I saw h[illegible] alive on Nov 26 1915, and that death occurred, on the date stated above, at 5.1 m.

The CAUSE OF DEATH* was as follows:

Acute Valvular Heart Disease

(Duration) yrs 3 mos ds.

Contributory (SECONDARY) Bronchopneumonia

(Duration) yrs mos 20 ds.

(Signed) E. William Fay M. D.

Nov 27, 1915 [Address] 1928 Penna Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. — In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Nov 27, 1915

20-UNDERTAKER: M Fahey & Son — ADDRESS: 606 Lafayette

U. S. Bureau of the Census should be carefully supplied. All items should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89543 — 155 — C89543

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 22 S. Gay St. ST. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John V. Briare

(Residence in Baltimore: No. 2202 Poplar Grove St.; yrs. 22 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, June 12, 1887.
(Month) (Day) (Year)

7-AGE, 28 yrs. 5 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman (Tea Tea)
(b) General nature of industry, business, or establishment in which employed (or employer): Employee

9-BIRTHPLACE, (State or Country), Howard Co, Md

PARENTS.

10-NAME OF FATHER, Mason K. Briare

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Emily Creamer

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas A. Briare

(Address) 1229 McCulloh St.

15- FOREST, KRAUTER,

Filed NOV 28 1915, 19...

Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 26, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide - Sodium cyanide by mouth
Nearly instantaneous
(Duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Pulmonary Tuberculosis
(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos R. Chamberlain M. D.
(Coroner.)
Nov. 27 1915 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cemy	Nov 29, 1915
20-UNDERTAKER John B Spence	ADDRESS 1325 N Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89950 C89950

CERTIFICATE OF DEATH. 105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Ford

(Residence in Baltimore: No. 2413 Francis St St.; 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, unknown, (Month) (Day) 1872 (Year)

7-AGE, 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, Walshe

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary McAndrews

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ford

(Address) 2413 Frances St

15- ROBERT , KRAUSE,
Filed NOV 28 1915 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 27, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 22 1915, to Nov 27 1915, that I saw h er alive on Nov 27 1915, and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis

Ulcerated Intestines & adhesions

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) yrs. mos. 2 ds.

(Signed) Walter L. Mowry M. D.

Nov 27..., 1915. (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State 27 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 2413 Frances St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Nov 30, 1915

20-UNDERTAKER M Feeley & Son ADDRESS 606 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89951 — 151 — C89951

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N. Washington ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Herman Schreiber

(Residence in Baltimore: No. 219 N. Washington St.; yrs., mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 8, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 19 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John H. Schreiber

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Margaret Antlitz

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Schreiber

(Address) 219 N. Washington St.

15- NOV 28 1915 ROBERT J. KRAUTER,
Filed ..... 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1915, to Nov 27 1915, that I saw h[im] alive on Nov 27 1915, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ...yrs. ...mos. 12 ds.

CONTRIBUTORY (Secondary) Absorption of Influenza

(Duration) ...yrs. ...mos. 2 ds.

(Signed) Edward J. Gorman M. D.

11/27, 191.5 (Address) 432 Washington Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem	Nov 29 1915
20-UNDERTAKER J. Herwig & Co	ADDRESS 2008 Aliceanna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Rosa Nurnbergen

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89952

CERTIFICATE OF DEATH.

C89952

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Nurnbergen

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 11 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, June (Month) 14 (Day), 1863 (Year)

7-AGE, 52 yrs. 5 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Frederick Latz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Cochran Deitz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- Filed NOV 28 1915 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 28 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17 1915, to Nov 28 1915, that I saw h[illegible] alive on November 28 1915, and that death occurred, on the date stated above, at 5 55 a.m.

The CAUSE OF DEATH* was as follows:

Pericarditis, acute purulent

Mediastinal abscess (?)

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Thymus, thyroid enlarged, mitral [illegible] (Duration) since birth yrs. mos. ds.

(Signed) C. E. Speicher M. D.

Nov 28, 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State 45 yrs. 6 mos. 11 ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence North Augusta S. C.

19-PLACE OF BURIAL OR REMOVAL, Augusta Ga. DATE OF BURIAL, Nov. 28, 1915.

20-UNDERTAKER Elliott E Fuller ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89953 C89953

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Childs Nursery ST.; 18 WARD)

REGISTERED No. C 104

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Nelson Wilson

(Residence in Baltimore: No. Nursery o Childs Hosp St.; yrs., 6 mos. 14 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Infant

6-DATE OF BIRTH. May (Month) 14 (Day), 1915 (Year)

7-AGE, yrs. 6 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Thomas Nelson

(Address) 1103 N. Bulley Av

15- NOV 28 1915 ROBERT , KRAUTER, Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 28 (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4 1915, to Nov 28 1915, that I saw h[illegible] alive on Nov 28 1915, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Marasmus Enteritis Intoxication

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 1 mos. ds.

(Signed) Edgar B. Friedenwald M. D.

Nov 28 1915 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 6 mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Nursery o Childs Hosp

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem	Nov 29 191
20-UNDERTAKER	ADDRESS
Tom Cook	508 Mon

Friedenwald 1616 Linden Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89951 C89954

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 29 REGISTERED NO. C

CITY OF BALTIMORE: (No. Aged Men's Home ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beverly Diggs

(Residence in Baltimore: No. Mor Lexington & Calhoun St.? yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, December 25, 1836 (Month) (Day) (Year)

7-AGE, 78 yrs. 11 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Henry Diggs

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ann R. Evans

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw J. Diggs

(Address) 1723 St Paul

15- NOV 28 1915 Filed....., 191.... ROBERT . KRAUTKR, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 25, 191[illegible] (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10 191[illegible], to Nov 25 191[illegible], that I saw h alive on Nov 21 191[illegible], and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) 2 yrs. mos. 2 ds.

(Signed) L. Morvo M. D.

Nov 28, 191[illegible] (Address) 733 N Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. mos. ds. In the State 78 yrs. 11 mos. 3 ds.

Where was disease contracted, if not at place of death? Aged Mens Home

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL, Baltimore Pen. DATE OF BURIAL, Nov 30, 191[illegible]

20-UNDERTAKER Wm. Cook ADDRESS 507 E. Mon

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Lottie Kestler

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89955 C89955

CERTIFICATE OF DEATH.

103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Kestler

(Residence in Baltimore: No. 682 W. Balto. St.; Life yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Not Known, (Month) (Day) 1857 (Year)

7-AGE, 58 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Lord Cook

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Batcliff

(Address) 928 W Pratt St

15- NOV 28 1915 ROBERT . KRAUTHE, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 18 1915, to Nov 26 1915, that I saw her alive on Nov 26 1915, and that death occurred, on the date stated above, at 3.45 A m.

The CAUSE OF DEATH* was as follows:

Uraemia dang Hemorrhage

Chr (Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) Wm Houston Pinkson M. D.

Nov 26, 1915. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 682 W Balto.

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Nov 29, 1915

20-UNDERTAKER John H Fields & Son

ADDRESS Franklin & St

Chron Lesions

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C89956

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3400 Ashby St. (St.) 13 (Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Meyer

(Residence in Baltimore: No.) 3400 Ash by St. (St.) 78 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, August 8, 1837 (Month) (Day) (Year)

7-AGE. 78 yrs. 3 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jacob Ruff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christine Rantz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christopher G. Meyer

(Address) 1713 Guilford Ave.

15- Filed NOV 28 1915, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10th 1915, to Nov 27 1915, that I saw her alive on Nov 26 1915, and that death occurred, on the date stated above, at 6.50 A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Indigestion

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. W. Linthicum M. D.

Nov 27, 1915 (Address) 3543 Reisterstown

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Western Cemetery | DATE OF BURIAL, Nov. 29, 1915

20-UNDERTAKER Horace Burgeson | ADDRESS 3631 Falls Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89957 C89957

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3427 Roland Ave St.: 13th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ruth E. Ray

(Residence in Baltimore: No. 3427 Roland Ave St.: 19 yrs. 2 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH Sept. 24, 1896 (Month) (Day) (Year)

7 AGE 19 yrs. 2 mos. 25 ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): Dress-making.

9 BIRTHPLACE (State or country): Balt. Md.

PARENTS

10 NAME OF FATHER: Andrew J. Ray

11 BIRTHPLACE OF FATHER (State or country): Balt. Co. Md

12 MAIDEN NAME OF MOTHER: Ida V. Redding

13 BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harvey Redding

(Address) 3727 Roland Ave

15 Filed NOV 28 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 24th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21st, 1915, to Nov 24th 1915.

that I saw her alive on Nov 24th, 1915.

and that death occurred on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis - pulmonary, laryngeal - intestinal.

(Duration) 1 yrs. ... mos. ... ds

Contributory (SECONDARY) Pulmonary oedema

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Geo. T. Shower M. D.

Nov. 27th, 1915. (Address) 3721 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, OR REMOVAL: St. Mary's Hampden | DATE OF BURIAL: Nov. 29, 1915

20 UNDERTAKER: Horace Burgee | ADDRESS: Don 3631 Falls Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89953 C89953

CERTIFICATE OF DEATH.

81

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Higgins (Higgins)

(Residence in Baltimore: No. 404 W. 24th St. St.: —yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH. Unknown, 1834
(Month) (Day) (Year)

7-AGE. 81 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Merchant

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Patrick Higgens

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Higgens

(Address) Mercy Hosp.

15-
Filed NOV 29 1915, 191... Registrar. BASH/O ANDREE'S Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 14 1915, to Nov. 27 1915, that I saw h[illegible] alive on Nov. 27, 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Senile Arteriosclerosis.

(Duration) Don't know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

11-27.., 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. mos. 13 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 404 W. 24th St.

19-PLACE OF BURIAL, OR REMOVAL. Cathedral Cem. DATE OF BURIAL. Nov. 29 1915

20-UNDERTAKER Quarter Funeral Co. ADDRESS 606 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 186

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Corner of Cherryfield Ave & Broadway St. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Bowdoin

(Residence ~~in Baltimore~~: No. Salisbury Wicomico Co Md St.: yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, March 31, 1878
(Month) (Day) (Year)

7-AGE, 37 yrs. 7 mos. 24 da. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Salisbury Md

PARENTS.

10-NAME OF FATHER, R F Toor

11-BIRTHPLACE OF FATHER (State or Country), Wicomico Co Md

12-MAIDEN NAME OF MOTHER Lucy Brewington

13-BIRTHPLACE OF MOTHER (State or Country), Wicomico Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter T Toor

(Address) 544 Gerard & Compton Ln

15- NOV 29 1915 HARRY D. ADDERS,

Filed ....., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Taken from Nursing Disease Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ellen Compton M. D.
(Coroner.)

Nov 28, 1915. (Address) 517 Gorsuch Ln

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Salisbury Md	Nov 29 1915
20-UNDERTAKER H E Hughes	ADDRESS 17 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89960

CERTIFICATE OF DEATH.

92

C89960

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 W. Montgomery ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Brown

(Residence in Baltimore: No. 110 W. Montgomery St.; 5/12 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 15 (Day), 1878 (Year)

7-AGE, 37 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Shucker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Maryland.

PARENTS.

10-NAME OF FATHER, John L. Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Lucy Watts

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Brown

(Address) 110 W. Montgomery St.

15- NOV 29 1915 Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 25 1915, to Nov. 26 1915, that I saw him alive on Nov 26 1915, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Primary— Lobar Pneumonia

Immediate— Exhaustion

From Knowledge (Personal) (Duration) yrs. X mos. 2 ds.

CONTRIBUTORY (Secondary)

From History (Duration) yrs. mos. 3 or 4 ds.

(Signed) J. P. Strong M. D.

11/27/, 1915. (Address) 506 Hanover st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 27, 1915

20-UNDERTAKER L. Brown & Son — ADDRESS 158 W. Mulb

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89961

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

1 PLACE OF DEATH — REGISTERED NO. C 89961

CITY OF BALTIMORE: (No. 1708 Caird ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T Hace

(Residence in Baltimore: No. 1708 Caird St.; 7 yrs. 8 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 12, 1908 (Month) (Day) (Year)

7-AGE: 7 yrs. 8 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Md (City)

PARENTS

10-NAME OF FATHER: John Hace

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Nellie Taylor,

13-BIRTHPLACE OF MOTHER (State or country): Va "

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) John Hace

(Address) 1708 Caird St

15- NOV 29 1915 Filed ....., 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 27th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27th, 1915, to Nov 27th 1915, that I saw h[illegible] alive on Nov 27th 1915, and that death occurred, on the date stated above, at 9.40 a. m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ..... yrs ..... mos 4 hrs

Contributory (SECONDARY): Acute Indigestion

(Duration) ..... yrs ..... mos. 1 ds.

(Signed) Chas A Mortemer M. D.

Nov 28th 1915 [Address] 3301 N Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: Nov 29 1915

20-UNDERTAKER: Wm H Chase & Son — ADDRESS: 1450 Mosher St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89962 — 109

REGISTERED No. C89962

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 Thos. Hopkins Hospital St.; 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leslie Green

(Residence in Baltimore: No. 40 W. Biddle St. St.; 20 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 3rd (Month) (Day), 1884 (Year)

7-AGE, 31 yrs. 6 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Thomas

11-BIRTHPLACE OF FATHER (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER Frances Painter

13-BIRTHPLACE OF MOTHER (State or Country), New Guinea

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S Rongel

(Address) Wm Hopkins Hosp.

15- Filed NOV 29 1915, 191. HARRY O. ANDREAE Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 27th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20th 1915, to Nov. 27th 1915, that I saw h[er] alive on Nov. 27th 1915, and that death occurred, on the date stated above, at 5:40 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
following an Operation for
Chronic Appendicitis

(Duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Operation for Chronic Appendicitis (Duration) yrs. 2 mos. 8 ds.

(Signed) Laurence R. Johnston M. D.

Nov. 27th, 1915. (Address) Wm Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 1 mos. 6 ds. In the State yrs. 6 mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 40 W. Biddle St

19-PLACE OF BURIAL OR REMOVAL, St Johns Cem Balto Co — DATE OF BURIAL, Nov. 29, 191...

20-UNDERTAKER Md Sam'l H. Chase Son — ADDRESS No. Mosher St

Spec.—8-24-14—M. & T.—2000 Bks.

C89963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

C89963

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 N. Stockton St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Edward Nelson

(Residence in Baltimore: No. 1123 N. Stockton St.; whole life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. (Month) 22 (Day), 1885 (Year)

7-AGE, 29 yrs. 11 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Butcher delivery wagon

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Wm. J. Nelson

11-BIRTHPLACE OF FATHER (State or Country), St. Marys Co. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Harper

13-BIRTHPLACE OF MOTHER (State or Country), St. Mary Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. Nelson

(Address) 1123 N. Stockton St.

15-

NOV 29 1915

Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 22 - 1915, to Nov. 26 1915, that I saw him alive on Nov. 25 - 1915, and that death occurred, on the date stated above, at 8-30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. L. McCarthy M. D.

Nov. 27, 1915. (Address) 906 N. Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Nov 29 1915

20-UNDERTAKER James H Dennis — ADDRESS 803 Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2G00 Bks.

C89964

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89964

150

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 N Regester ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Mangold

(Residence in Baltimore: No. 1614 N Regester St St.; 44 yrs. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Nov (Month) 27 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
.....yrs.....mos.....da.	....hrs. or 8 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, William Mangold

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Lucy Fehnert

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Mangold

(Address) 1614 N Regester St

15- NOV 29 1915 HENRY O. ANDREAE'S

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1915, to Nov 27 1915, that I saw h[illegible] alive on Nov 27 1915, and that death occurred, on the date stated above, at 2 0 m.

The CAUSE OF DEATH* was as follows:

..... Congenital Cardiac Insufficiency

..... (Duration) .....yrs.....mos.....da.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs.....mos.....da.

(Signed) John T. Owens M. D.

..... 191... (Address) 1603 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Nov 28, 1915
20-UNDERTAKER Robt T. Turner	ADDRESS 1442 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89965

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C89965

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. U S Marine Hospital WARD)

2-FULL NAME Carolina A. Bennett

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. U S Marine Hospital St.; yrs. mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov 12 (Month) (Day), 1854 (Year)

7-AGE: 61 yrs. mos. 16 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Sailor

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) U. S. Marine Hosp.

(Address) 31st & Remington Ave

15-
Filed NOV 29 1915 191
HARRY O ARNOLD
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 28 (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 22, 1915, to, Nov. 28 1915, that I saw h[illegible] alive on Nov. 28 1915, and that death occurred, on the date stated above, at 7 35 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 6 ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Chas A. Vogel M. D.

11/28 1915 [Address] U. S. Marine Hosp. Balto. Md

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Aboard Ship

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL: Denton Md

DATE OF BURIAL: Nov 29 1915

20-UNDERTAKER: Armstrong Douglas

ADDRESS: 715 Light

...y supplied. AGE should be stated EXACTLY. PHYSICIANS should ...o that it may be properly classified. Exact statement of OCCUPA... back of certificate.

...state CAUSE OF DEATH in plain terms, so that ... TION is very important. See instructions on back

AFFIDAVIT

Spec.—8-24-14—M. & T.—2000 Bks.

C89966 C89966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 517 N. Carlton St.; 18 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Scott

(Residence in Baltimore: No. 517 N. Carlton St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1847 (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Saved

9-BIRTHPLACE, (State or Country), Anundel Co Md

PARENTS.

10-NAME OF FATHER, Augustus Scott

11-BIRTHPLACE OF FATHER (State or Country), Anundel Co Md

12-MAIDEN NAME OF MOTHER Caroline Mabel

13-BIRTHPLACE OF MOTHER (State or Country), Anundel Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Mary E. Gordon

(Address)..517 N. Carlton St.

15-NOV 29 1915 MARY O ARDEENS,
Filed....., 191..[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1915, to Nov 26 1915, that I saw h— alive on Nov 25 1915, and that death occurred, on the date stated above, at 6.20 p. m.

The CAUSE OF DEATH* was as follows:
Gangrene Superinduced
from Eating

(Duration)..yrs..5..mos..11..ds.

CONTRIBUTORY. Arteriosclerosis
(Secondary)

(Duration)..yrs..5..mos..11..ds.

(Signed)..Charles D Fenton M. D.

Nov 29 1915. (Address) 714 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 29, 1915

20-UNDERTAKER Wilbut Brown — ADDRESS 806 N. Howard st.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A.K.S.A.

KOD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89967

CERTIFICATE OF DEATH.

79 C89967

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 S. Register ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie C Schuck

(Residence in Baltimore: No. 417 S. Register St.; 70 yrs., moa. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, December (Month) 23 (Day), 1834 (Year)

7-AGE, 80 yrs. 11 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gottlieb Walker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louise Kutter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Beatty

(Address) 1407 S. Chester St

15- NOV 29 1915 Filed....., 191... HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 191 5, to Nov. 26 191 5, that I saw her alive on Nov. 26 191 5, and that death occurred, on the date stated above, at 10 5 P.m.

The CAUSE OF DEATH* was as follows:

Volvulus Cerebral Heart

(Duration) yrs. 1 mos. 17 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) C. W. Athey M. D.

Nov 27, 1915. (Address) 100 S. Pulaski Pla

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls Cem — DATE OF BURIAL, Nov. 30, 1915.

20-UNDERTAKER H. Sander & Sons — ADDRESS 1710 Flat St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89968 C89963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Durst alley ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Lambdin

(Residence in Baltimore: No. 1228 Durst alley St.: 6 yrs., 2 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Sept 3, 1909 (Month) (Day) (Year)

7-AGE, 6 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md Balto City

PARENTS.

10-NAME OF FATHER, Charles Lambdin

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Stansbury

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) 1228 Durst alley

15- NOV 29 1915 Filed....., 191.... HARRY O. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Nov 27 1915, that I saw her alive on Nov 27 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

..... (Duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

..... (Duration) yrs. mos. 8 ds.

(Signed) Wm. Lester M. D.

11-27, 191.. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross DATE OF BURIAL, 11-29, 1915.

20-UNDERTAKER Wm. Fahey Sons ADDRESS 318 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

C89969

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital WARD)

2-FULL NAME Infant Young

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. da.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, 11 (Month) 26 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 8 hrs. or 5 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Young

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Gertrude Keiper

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-NOV 29 1915 Filed, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-26 1915; to 11-26 1915, that I saw h[illegible] alive on 11-26 1915; and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

1. Mo. Foetus

(Duration) a. yrs. mos. 5 hr. ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

11-27, 191.5 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C89970

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89970

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William M. Latham

(Residence in Baltimore: No. 2621 Francis St. St.; 5 yrs. ..... mos. ..... da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 5 (Day), 1878 (Year)

7-AGE, 37 yrs. 6 mos. 23 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Street Car
(b) General nature of industry, business, or establishment in which employed (or employer)..... Conductor

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Thomas Privett

11-BIRTHPLACE OF FATHER (State or Country) North Carolina

12-MAIDEN NAME OF MOTHER Lucretia Poole

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hattie Latham

(Address) 2621 Frances Street

15- Filed NOV 29 1915, 191. HENRY O. ANDREAE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 28, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27th 1915, to Nov. 28th 1915, that I saw him alive on Nov. 28th 1915, and that death occurred, on the date stated above, at 1.15 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 10 hrs. ..... da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 8 da.

(Signed) Frank E. Shipley M. D.

Nov. 29 1915. (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... da. State (4 hrs) yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2621 Francis St.

19-PLACE OF BURIAL, OR REMOVAL, Pikeroad N.C. DATE OF BURIAL, Nov. 29, 1915.

20-UNDERTAKER William Cook ADDRESS 502 E North Avenue

C89971

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

C89971

1 PLACE OF DEATH

Bunker Hill Sun

REGISTERED No. C

CITY OF BALTIMORE (No. 2724 N Charles St ST.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Garitts

(Residence in Baltimore: No. 729 Patterson Pk Ave h ST.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Nov. 28, 1915
(Month) (Day) (Year)

7-AGE ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Bernard Garitto

11-BIRTHPLACE OF FATHER (State or country) Italy Md.

12-MAIDEN NAME OF MOTHER Blanche Talbot

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bernard Garitto

(Address) 729 N Patterson Pk Ave

15. NOV 29 1915 ... 191 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov. 28, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2 ..., 1915, to. Nov 28th 1915, that I saw h[illegible] alive on Nov 28 ..., 191., and that death occurred, on the date stated above, at 2P m.
The CAUSE OF DEATH* was as follows:

Atelectasis Pulmonum

(Duration) ... yrs. ... mos. 2 hrs

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) August Horn M. D.

Nov 29th 1915 (Address) 402 S 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL New Cathedral DATE OF BURIAL Nov 29 1915

20-UNDERTAKER Jos L Cook ADDRESS 100 E Mad

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Glaccstook

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89972 C89972

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE (No. ... St.; ... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frau Hook

(Residence in Baltimore: No. Mercy Hospital St.; ... yrs., 1 mos. 5 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH March 16, 1900 (Month) (Day) (Year)

7-AGE, 15 yrs. 8 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Student
(b) General nature of industry, business, or establishment in which employed (or employer)..... Public School

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Francis Hook

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER, Amalia Rees

13-BIRTHPLACE OF MOTHER (State or Country), Phila. Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs F. Hook

(Address) Woodbrook Md

15- NOV 29 1915

Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 27, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 22 1915 to Nov. 27 1915; that I saw h[illegible] alive on Nov. 27 1915 and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

..... (Duration) ..... yrs. ..... mos. 36 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

11-30-1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 5 ds. In the State 15 yrs. 8 mos. 11 ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence Washington D.C.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Nov. 29, 1915

20-UNDERTAKER Jos R. Cook ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

C89973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C 89973

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 109 N. Gilmor ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Schultz

(Residence in Baltimore: No. 109 N. Gilmor St.; 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) widow

6-DATE OF BIRTH. Aug (Month) 30 (Day), 1843 (Year)

7-AGE. 72 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Schultz

(Address) 109 N. Gilmor St.

15- NOV 29 1915 HARRY O. ANDREWS,

Filed ....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 22 1915, to Nov 27 1915, that I saw h.. alive on Nov 26 1915, and that death occurred, on the date stated above, at 1300 m.

The CAUSE OF DEATH* was as follows:

Fatal Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. C. Beatty M. D.

Nov 29 1915 (Address) 2600 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, Nov 29, 1915

20-UNDERTAKER Thurston Miller

ADDRESS 2300 Eutaw

CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C89974

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89974

CERTIFICATE OF DEATH.

9

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 922 S. Kenwood Ave (St.) 1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Heartley

(Residence in Baltimore: No. 922 S Kenwood Ave yrs. 1 mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the Word.) Single

6-DATE OF BIRTH, Feb 12, 1814
(Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 16 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo Heartley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Chinney

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Heartley

(Address) 922 S. Kenwood Ave

15-
Filed NOV 29 1915, 191.... MARY C. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 28th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1915, to Nov 28 1915, that I saw her alive on Nov 28 1915, and that death occurred, on the date stated above, at 11.55 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia - Diphtheria - 24 hrs

(Duration) about 1 week yrs. mos. da.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) about 5 yrs. mos. da.

(Signed) Chas Hammond M. D.

Nov 29, 1915. (Address) 435 N. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem

DATE OF BURIAL, Nov 29, 1915

20-UNDERTAKER Stephen J Fiackoski

ADDRESS 1099 S Kenwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89975

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C89975

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2230 Brunt ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary E. Gall

(Residence in Baltimore: No. 2230 Brunt St.: 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Mar. 4 1839 (Month) (Day) (Year)

7 AGE: 76 yrs. 7 mos. 23 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Ind

PARENTS

10 NAME OF FATHER: Peter Harris

11 BIRTHPLACE OF FATHER (State or country): Ind.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Gall

(Address) 2230 Brunt St

15 NOV 29 1915 MARY O. ANDREWS

Filed ....., 191.... Burial Permit Clerk

REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 11/27 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11/15, 1915, to 11/27 1915, that I saw h-d alive on 11/27, 1915 and that death occurred, on the date stated above, at 6 45 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) Hemiplegia

(Duration) ..... yrs. — mos. — ds.

(Signed) B. M. Rectla M. D.

11/29, 1915 (Address) 113 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Nov. 30th 1915

20 UNDERTAKER: George H. Holland ADDRESS: 517 Robert St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~89976~~ 89978

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 Wilkens Av ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Marburger

(Residence in Baltimore: No. 2225 Wilkens Ave St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 1 1863
(Month) (Day) (Year)

7-AGE, 52 yrs. 2 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Piano Maker
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER. Chas Marburger

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nona Marburger

(Address) 2225 Wilkens ave

15-
Filed NOV 29 1915, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 27, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 26 1915, to Nov 27 1915, that I saw h-- alive on Nov 27 1915, and that death occurred, on the date stated above, at 2 6 m.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis & Myocardial disease (Duration) 1 yrs. ....mos. ....ds.

(Signed) Howard W Jones M. D.

Nov 29, 1915. (Address) Donnington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mount Olivet Cemetery

DATE OF BURIAL. NOV 30 1915

20-UNDERTAKER Geo A Gerber

ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2112 Hach St.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M. Fairley

(Residence in Baltimore: No. Not known St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Dec. 9 (Month) (Day), 1859 (Year)

7-AGE. 55 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver of
(b) General nature of industry, business, or establishment in which employed (or employer): Wagon

9-BIRTHPLACE. (State or Country). Scotland

PARENTS.

10-NAME OF FATHER. Robert Fairley

11-BIRTHPLACE OF FATHER (State or Country). Scotland

12-MAIDEN NAME OF MOTHER. Martha Millcholand

13-BIRTHPLACE OF MOTHER (State or Country). Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine Hasel

(Address) 826 S. Kenwood ave

15- Filed NOV 29 1915, 191... HARRY G. ANDREAS, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 26 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. A. Foard M. D. (Coroner.)

Nov 28, 1915. (Address) 3116 O'Donnell st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Oak Lawn	Nov. 29 1915
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Mo[illegible] st.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 172

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. St Joseph Hos ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Edelmann

(Residence in Baltimore: No. 1107 N Broadway St.; yrs. 62 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Oct (Month) 11 (Day) 1853 (Year)

7-AGE, 62 yrs. 2 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. John Edelman

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Anna Zimmer

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Edelmann

(Address) 1006 N. Eutaw St.

15- NOV 29 1915 HENRY D. ANDRES, Filed ....., 191. Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 27th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Unascertained Natural (Uraemia)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D. (Coroner.)

Nov 29th, 1915. (Address) 814 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos. 1 ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? 1107 N. Broadway W

Former or usual residence. Highlandtown Md

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cemetery — DATE OF BURIAL, Dec 1st, 1915

20-UNDERTAKER Libby & Zeiler — ADDRESS 405 S. Mayo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89979 C89979

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 N. Durham ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josefa Kadlec

(Residence in Baltimore: No. 919 N Durham St.; 25 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Bohemia

PARENTS.

10-NAME OF FATHER, Joseph Kadlec

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Kadlec

(Address) 919 N. Durham St.

15- NOV 29 1915 HARRY O ANDREWS.

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 28, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1915, to Nov 28 1915, that I saw h[illegible] alive on Nov 28 1915, and that death occurred, on the date stated above, at 3.25 P. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Exhaustion & Coma

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Alex S Lagg M. D.

11/27, 1915. (Address) 719 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec. 1., 191.5.

20-UNDERTAKER Frank Crack Son — ADDRESS 1904 Eastlond

C89980

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

REGISTERED No. C 89980

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 125 W. Lanvburg ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Christian P. Egtved

(Residence in Baltimore: No. 125 W Lanvburg St.) 34 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: August 9 (Month) 9 (Day), 1847 (Year)

7 AGE: 68 yrs. 3 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cigar maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Peter Egtved

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Sarah Egtved (wife)
(Address) 125 W Lanvburg St

15 Filed NOV 29 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 28 (Month) (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from November 4, 1915, to, November 28 1915, that I saw him alive on November 27, 1915, and that death occurred, on the date stated above, at 1 A m.
The CAUSE OF DEATH* was as follows:

Organic diseas of the Heart & Kidneys

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Otto M Reinhardt M. D.
Nov 28, 1915 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: Nov 30th 1915

20 UNDERTAKER: C. Schloman & Son ADDRESS 1039 Hanover St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Edith C. Sanders.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89981 109

1-PLACE OF DEATH The Harriet A. Kelly Hosp. Inc. REGISTERED NO. C

CITY OF BALTIMORE: (No. 1418 Eutaw Place ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Caroline Sanderss.

(Residence in Baltimore: No. 3024 Garrison Ave., St.; ..... yrs., ... mos. 9 ds.)

Forest Park, Md.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 31st, 1874 (Month) (Day) (Year)

7-AGE, 41 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland -

PARENTS.

10-NAME OF FATHER, J. M. Timm -

11-BIRTHPLACE OF FATHER (State or Country), New York State.

12-MAIDEN NAME OF MOTHER Annie M. McElfish

13-BIRTHPLACE OF MOTHER (State or Country), Centreville, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H. B. Sanderss -

(Address) Clarksburg, W. Va. (Nov 5)

15- NOV 29 1915 ROBERT . KRAUTER,
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27 1915, to Nov. 29 1915, that I saw h er alive on Nov. 29 1915, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(Contributory)

..... (Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Carcinomatosis

..... (Duration).....yrs.....mos. 1 ds.

(Signed) Chas. Heuisler Jr. M. D.

Nov. 29 1915. (Address) 1416 Eutaw Place.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. 7 ds.

Where was disease contracted, if not at place of death? Clarksburg W. Va -

Former or usual residence Clarksburg, W. Va.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Dec 1....., 1915

20-UNDERTAKER Chas. G. Black — ADDRESS 1201 W. Mulberry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C89982 C89982

1-PLACE OF DEATH St. Elizabeth Home — REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Manchester ST.: 4 WARD)

2-FULL NAME

(Residence in Baltimore: No. St Paul St St.; 1 yrs. 7 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6-DATE OF BIRTH: Apr (Month) 8 (Day) 1914 (Year)

7-AGE: 1 yrs. 7 mos. 16 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Geo Galloway

11-BIRTHPLACE OF FATHER (State or country)

12-MAIDEN NAME OF MOTHER: Mother Schaffer

13-BIRTHPLACE OF MOTHER (State or country): York Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15- Filed NOV 29 1915, 191 ROBERT J. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27, 1915, to, Nov 28 1915, that I saw h.. alive on Nov 27 1915, and that death occurred, on the date stated above, at ~ m.

The CAUSE OF DEATH* was as follows:

Alimentary Decomposition
(Chronic Intest. Indigestion)
(Duration) yrs 8 mos ds

Contributory (SECONDARY)
(Duration) yrs mos ds

(Signed) Edw J. Friedwald M. D.

Nov 28 1915 [Address] 1 E. Lexington

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs 5 mos ds. In the State yrs mos ds

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	, 191
20-UNDERTAKER	ADDRESS
Commissioner, Health	

JOHNS HOPKINS HOSPITAL

FOR STATISTICAL PURPOSES

N.B.—Every item of information should be carefully supplied. "AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

C89983 C89983

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 8) Franklin Sq. 2405 ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Churchill Anderson

(Residence in Baltimore: No. 1700 Smith St.; 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1 (Year)

7-AGE, 46 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

9-BIRTHPLACE, (State or Country), Md. Baltimore

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country).

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- NOV 29 1915 Filed ....., 191... ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 22 1915, to Nov. 25 1915, that I saw him alive on Nov. 25 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

acute parenchymatous nephritis

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. A. Guerp M. D.

Nov 27, 1915 (Address) Brooklin Sq. Nos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1700 Smith St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JOHNS HOPKINS HOSPITAL, Department of Health

FOR ANATOMICAL PURPOSES

C89984

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C89984

1 PLACE OF DEATH — Registered No. C .....

City of Baltimore (No. 1625 Lamont Ave. St.: 9 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Henry H. Ruppe

(Residence in Baltimore: No. 162 Lamont Ave. St.: 42 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 SINGLE, MARRIED, WIDOWER OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Feby 1, 1873 (Month) (Day) (Year)

7 AGE: 42 yrs. 9 mos. 29 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Foreman (trunk factory)
(b) General nature of industry, business, or establishment in which employed (or employer): Manufacturing

9 BIRTHPLACE (State or country): Harrisburg Pa.

PARENTS

10 NAME OF FATHER: Henry Ruppe

11 BIRTHPLACE OF FATHER (State or country): Pa —

12 MAIDEN NAME OF MOTHER: Kauffman.

13 BIRTHPLACE OF MOTHER (State or country): Pa —

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ida B Ruppe (wife)
(Address) 162 Lamont Ave.

15 Filed NOV 29 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 28 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1915, to Nov. 28 1915, that I saw him alive on Nov 28, 1915, and that death occurred, on the date stated above, at 5.55 P.m.
The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) 2 yrs. 6 mos. ds

Contributory (SECONDARY) Aortic stenosis

(Duration) 0 yrs. 0 mos. 15 ds.

(Signed) P B Kempton M. D.
Nov. 29, 1915 (Address) 422 E Green St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. — In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec 1st, 191

20 UNDERTAKER: John Hoeman Son — ADDRESS: 90 E Hollins St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89985 C89985

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Little Sisters of the Poor 91 REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... ST.: 10 WARD)

(if death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Kelly

(Residence in Baltimore: No. Little Sisters of the Poor St.; ..... yrs. 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: Nov (Month) 20 (Day), 1834 (Year)

7-AGE: 81 yrs. ..... mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Patrick Kelly

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Julia Manon

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15 NOV 29 1915 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: ~~Nov~~ Nov 27 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from No record, 191..., to, ... 191....., that I saw h.r alive on Nov 21 1915, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

2 weeks (Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed), P. McVarna M. D.

Nov 28 1915 [Address] 1133 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. 5 mos ..... ds. In the State, unknown yrs mos ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov 30, 1915

20-UNDERTAKER: H. C. Branning Son — ADDRESS 517 N Schroeder St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78 C89988

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 508 E - 21st St.; ST.: 9 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy J. Hoyle,

(Residence in Baltimore: No. 508 E. 21st St.; Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	single

6-DATE OF BIRTH October 29. (Month), 1895. (Day) (Year)

7-AGE 20 yrs. — mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER George J. Hoyle.

11-BIRTHPLACE OF FATHER (State or country) California

12-MAIDEN NAME OF MOTHER Annie Fitzpatrick

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) See J. Hoyle

(Address) 508 E 21st St

15-NOV 29 1915 ROBERT , KRAUTER, Burial Permit Clerk

Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov. 27 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1915, to Nov 27 1915, that I saw h[er] alive on Nov. 27, 1915, and that death occurred, on the date stated above, at 11.45 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism —

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Endocarditis - Myocarditis Nephritis

(Duration) 1 yrs. 8 mos. ds.

(Signed) Robert L. Mitchell M. D.

Nov. 27, 1915 (Address) Robert L. Mitchell 212 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths FROM VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mem Cathedral — DATE OF BURIAL: Nov 30, 1915

20-UNDERTAKER: C. A. Friedfeld Jr — ADDRESS: Greenmount Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89987

CERTIFICATE OF DEATH.

50 C89987

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1828 E. Fayette ST.; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Wallace

(Residence in Baltimore: No. 1828 E. Fayette St

St.; 76 yrs. 8 mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: March (Month) 23 (Day), 1839 (Year)

7-AGE: 76 yrs. 8 mos. 5 da.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) (Mrs) Anna Wallace

(Address) 1828 E Fayette St

15- NOV 29 1915

Filed ..... 191.. ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 28 (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 4 1915, to Nov 28 1915, that I saw h[er] alive on Nov 27 1915, and that death occurred, on the date stated above, at 6[45] Am.

The CAUSE OF DEATH* was as follows:

Overdose Morphine

(Duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Gangrene from frozen toes

(Duration) yrs. 23 mos. da.

(Signed) Edward J Kenny M. D.

11/28 1915 (Address) 413 N Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec [illegible], 1915

20-UNDERTAKER, Ed W Fink — ADDRESS 814 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89983 C89988

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 Plum Alley ST.: 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Beckett

(Residence in Baltimore: No. 829 Plum Alley St.: 52 yrs. mos. 7 ds. in Balto 52 yrs.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	colored	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1863 (Year)

7-AGE,	If LESS than 1 day.
52 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Falls md

PARENTS.

10-NAME OF FATHER, William Beckett

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Harriett Williams

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert H Beckett

(Address) 829 Plum alley

15- NOV 30 1915 Filed ..... 191. Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1915, to Nov 28 1915, that I saw h[im] alive on Nov 28 1915, and that death occurred, on the date stated above, at 11 20 A.M.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) H & M Card M. D.

11/29 1915. (Address) 2005 E Fallsav

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Laurel Ct	Dec 1 1915

20-UNDERTAKER C L Strauss' Son ADDRESS 108 N Howard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C89989 C89989

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 N. Mount ST.; 15 WARD)

REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Bond

(Residence in Baltimore: No. 1624 N. Mount St.; 25 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE, 75 yrs. mos. ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): — at home —

9-BIRTHPLACE, (State or Country), Harford Co. Md.

PARENTS.

10-NAME OF FATHER, — Bond.

11-BIRTHPLACE OF FATHER (State or Country), Harford Co. Md

12-MAIDEN NAME OF MOTHER — Johnston

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Howard

(Address) 1624 N. Mount St

15- NOV 30 1915 BOARD OF HEALTH

Filed ....., 191.. burial permit issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 28th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 24th 1915, to Nov 27th 1915, that I saw her alive on Nov 27th 1915, and that death occurred, on the date stated above, at 3.20 a.m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of the Liver.

(Duration) — yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) — yrs. 6 mos. ds.

(Signed) William Sumwalt M. D.

Nov 28th, 1915. (Address) 1701 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery | DATE OF BURIAL, Nov 30, 1915

20-UNDERTAKER James H. Dunn | ADDRESS 303 Preston

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 89990 — C 89990

1-PLACE OF DEATH — REGISTERED No. C 92

CITY OF BALTIMORE: (No. 1613 Riggs ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lanie James

(Residence in Baltimore: No. 1613 Riggs ave St.; 10 yrs., — mos., — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Febry (Month) 10 (Day), 1883 (Year)

7-AGE, 32 yrs. 9 mos. 18 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Gen'l

9-BIRTHPLACE, (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER. Andrew James.

11-BIRTHPLACE OF FATHER (State or Country). North Carolina

12-MAIDEN NAME OF MOTHER Annie Stewt

13-BIRTHPLACE OF MOTHER (State or Country). North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Daniels

(Address) 1613 Riggs ave

15- Filed NOV 30 1915, 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1915, to Nov 28 1915, that I saw him alive on Nov 27 1915, and that death occurred, on the date stated above, at 2.20 p m.

The CAUSE OF DEATH* was as follows:

Bronchitis Chronic

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) Geo E Shannon M. D.

Nov 29, 1915. (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Dec 1, 1915

20-UNDERTAKER James H Dennis — ADDRESS 1303 Preston

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

89

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 737 N Mulberry St.; 4 WARD)

2-FULL NAME Jennie Johnson

(Residence in Baltimore: No. 737 N Mulberry St.; ... yrs. ... mos. ... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

8

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married

6-DATE OF BIRTH Unknown 1 (Month) (Day) (Year)

7-AGE 50 yrs. - mos. - ds. If LESS than 1 day, - hrs., or - min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE (State or country): Md. (Balto City)

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Priscilla Lewis

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Johnson

(Address) 737 N Mulberry

15- Filed NOV 30 1915, 191 HARRY O. ARCHER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24, 1915, to, Nov 2 1915, that I saw h-- alive on Nov 27 1915, and that death occurred, on the date stated above, at 10.45 m.

The CAUSE OF DEATH* was as follows:

Capilliary Bronchitis (Duration) ... yrs ... mos ... ds.

Contributory (SECONDARY) A General Debility (Duration) ... yrs 2 mos ... ds.

(Signed) B. L. Green M. D.

11-29 1915 [Address] 1707 Eutaw

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Nov 30 1915

20-UNDERTAKER: Charles B. Jones — ADDRESS: 1110 W Saratoga

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C89902 (printed) C89902

8 92

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 3913 Roland Ave. St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J. Horrigan

(Residence in Baltimore: No. 3913 Roland Ave. St.; 40 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Sept. (Month) 27 (Day), 1857 (Year)

7-AGE: 58 yrs. 2 mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Machinest
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Norfolk Va.

PARENTS

10-NAME OF FATHER: Daniel Horrigan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Ellen Kennedy

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mr. C. Horrigan

(Address): 3913 Roland Ave.

15- NOV 30 1915 Filed, 191 — HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 27 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 191 5, to, Nov 27 191 5, that I saw h~~e~~ alive on Nov 27 191 5, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Croupous Pneumonia

(Duration) yrs mos. 5 ds.

Contributory (SECONDARY) —

(Duration) yrs mos. ds.

(Signed) R B Norment M. D.

Sept 29, 191 5 [Address] 354 Cathedral St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 1, 191 5

20-UNDERTAKER: A S Marshall — ADDRESS: 3139 Fall Rd

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(C 389993) (389993)

1-PLACE OF DEATH — REGISTERED No. C 50

CITY OF BALTIMORE: (No. 676 Columbia Ave ST.; 22 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Readmond

(Residence in Baltimore: No. 676 Columbia Ave St.; 14 yrs., 4 mos. (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, April (Month) 1 (Day), 1856 (Year)

7-AGE, 59 yrs. 7 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Baltimore Co. ma

PARENTS.

10-NAME OF FATHER, Alexander McGill

11-BIRTHPLACE OF FATHER (State or Country), Maryland Baltimore Co. ma

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Maryland Baltimore Co. ma

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip H. J. Readmond

(Address) 676 Columbia Ave

15. NOV 30 1915 MARY O. ARCHER,
Filed....., 191. Clerk's
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1915, to Nov. 29 1915, that I saw h[illegible] alive on Nov. 29 1915, and that death occurred, on the date stated above, at 1 45 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Nov 30 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Dec 2, 1915

20-UNDERTAKER Jos Joerdens Son ADDRESS 2171 E. Pra

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C89991

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

8

91

C89991

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1010 N Woodyear ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Duvall

(Residence in Baltimore: No. 1010 N Woodyear St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month) (Day), 1837 (Year)

7-AGE: 78 ? ? yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mamie Harris

(Address) 1023 N. Calhoun

NOV 30 1915 BURIAL PERMITS,

Filed ....., 191 Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 29 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1915, to, Nov 29 1915, that I saw h-er alive on Nov. 29 1915, and that death occurred, on the date stated above, at 4:15 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY): Cardiac Asthema

(Duration) yrs. mos. 2 ds.

(Signed), E. Williams M. D.

Nov. 29, 1915 [Address] 1128 Rumsey

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Catonsville, Md — DATE OF BURIAL: Dec 1, 191-

20-UNDERTAKER: J. W. Cook — ADDRESS: 1512 E. Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Foster ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Albers Starr

(Residence in Baltimore: No. 2504 Foster ave St.; yrs. 3 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug (Month) 2 (Day), 1915 (Year)

7-AGE, yrs. 3 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto City Md

PARENTS.

10-NAME OF FATHER, Henry H. Starr

11-BIRTHPLACE OF FATHER (State or Country) Baltimore City Md

12-MAIDEN NAME OF MOTHER Margaret Riemer

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. John Starr

(Address) 2504 Foster ave

15- Filed NOV 30 1915, 191.. Burial Permit Clerk. Registrar.

ALBERS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3 1915, to Nov 29 1915, that I saw h- alive on Nov 29 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) yrs. 3 mos. 27 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 6 ds.

(Signed) O. L. Fox M. D.

Nov 30, 1915. (Address) 2701 Eutaw ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Matthews Cem — DATE OF BURIAL, Dec 1, 1915

20-UNDERTAKER Jos. J. Kerr — ADDRESS 1914 E. Fayette

1-2. Name and location should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2052 Eastern Av ST.; 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James P. Jamison

(Residence in Baltimore: No. 2052 Eastern Av. St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 28, 1891
(Month) (Day) (Year)

7-AGE, 24 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): in Can Shop.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm Jamison

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Kneegan.

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna Jamison

(Address) 2052 Eastern av

15-

Filed NOV 30 1915

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 28, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 21 1915, to Nov 28 1915, that I saw h alive on Nov 28 1915, and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

Chronic

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thomas J. Sullivan M. D.

Nov 29, 1915. (Address) 1500 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem	Dec. 1, 1915.

20-UNDERTAKER	ADDRESS
Jos. J. Herr 1914	E. Fayette

N. B.—Every question should be carefully answered. All the CAUSES should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 902 E. Chase ST.: 10 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James T. Dunn

(Residence in Baltimore: No. 902 E. Chase St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 7, 1872
(Month) (Day) (Year)

7-AGE, 73 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Dunn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen O'Connell

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen T. Dunn

(Address) 902 E. Chase St.

15 NOV 30 1915 BOARD OF HEALTH,
Filed....., 191. Burial Permit 21914
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1915, to Nov 28 1915, that I saw h[e] alive on Nov 28 1915, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Fatty Degeneration of Heart

(Duration)..... 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease

(Duration)..... yrs. mos. ds.

(Signed) Richard Dorr M. D.

11-29, 1915 (Address) 914 S. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Dec. ..., 1915

20-UNDERTAKER H. E. Wedefeld — ADDRESS 917 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C89993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C89993

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 919 E. Eager ST.; 10 WARD) REGISTERED No. C 78

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winifred Hagan

(Residence in Baltimore: No. 919 E. Eager St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, Aug. 15, 1873
(Month) (Day) (Year)

7-AGE, 42 yrs. 3 mos. 14 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country): Md

PARENTS.
10-NAME OF FATHER, Patrick Silk
11-BIRTHPLACE OF FATHER (State or Country), Ireland
12-MAIDEN NAME OF MOTHER, Winifred Tobey
13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) P. Edward Hagan
(Address) 919 E. Eager St.

15-
Filed NOV 30 1915, 191.... Burial Permit Rec'd
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1915, to Nov 29 1915, that I saw h-r alive on Nov 28 1915, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:
Acute Myocarditis
.....
.....
..... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (Duration) ....yrs. 9 mos. 1 ds.

(Signed) James M. Fenton M. D.
Nov 29, 1915. (Address) Tuxedo

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral (Cem) DATE OF BURIAL, Nov 2, 1915

20-UNDERTAKER H. C. Wadefield ADDRESS 914 Fremont Ave

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 120

CITY OF BALTIMORE (No. 510 N. Fulton Ave ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Mehr Isaacs

(Residence in Baltimore: No. 510 N. Fulton Ave St. 55 yrs. mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Nov 24, 1860 (Month) (Day) (Year)

7-AGE 55 yrs. 5 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER Wm P. Means

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Mary E. Shock

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Sewell Isaacs

(Address) 510 N. Fulton Ave

15 NOV 30 1915 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH November 29, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1915, to Nov. 29 1915, that I saw her alive on Nov. 29, 1915, and that death occurred, on the date stated above, at 2:30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Lobar Pneumonia

(Duration) — yrs. — mos. 11 ds

Contributory (SECONDARY) Pulmonary oedema & asphyxia

(Duration) — yrs. — mos. 0X ds.

(Signed) Maurice E. Shamer M. D.

Nov 30, 1915. (Address) 548 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Dec 2, 1915

20 UNDERTAKER George J. Smith | ADDRESS 2 Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8 9

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

41

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 S. Arlington Ave ST.) 18 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis P. McNally

(Residence in Baltimore: No. 12 S. Arlington Ave St.; 58 yrs. 9 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb (Month) 22 (Day) 1857 (Year)

7-AGE: 58 yrs. 9 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Produce Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Henry McNally

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Martha McKeon

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel R. Ernst

(Address) 12 S. Arlington Ave

15- NOV 30 1915 Filed. 191 [illegible] Burial Permit [illegible]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 29 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1915, to, Nov 29 1915, that I saw h[illegible] alive on Nov 28 1915, and that death occurred, on the date stated above, at 8A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestine
Exploratory Laparotomy

(Duration) 2 yrs. ... mos. ... ds.

Contributory (SECONDARY): Auto Intoxication

(Duration) ... yrs. ... mos. 10 ds.

(Signed) E. D. Goodman M. D.

Nov 29/15, 191 [Address] 24 N Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Dec 2, 1915

20-UNDERTAKER: George J. Smith ADDRESS: 1000 Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MD. STATE ARCHIVES

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 (1) 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Madison Ave ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Lewis.

(Residence in Baltimore: No. 806 Madison Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male.	White	Married

6-DATE OF BIRTH, December 30, 1859.
(Month) (Day) (Year)

7-AGE, 55 yrs. 10 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William H. Lewis

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Georgianna Hunt.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stella G. Osing

(Address) 523 E. 23rd St.

15- NOV 30 1915 Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 29th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 6 1915, to Nov. 29th 1915, that I saw h[illegible] alive on Nov. 29th 1915, and that death occurred, on the date stated above, at 12 30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Schwatka M. D.

Nov. 29th, 1915 (Address) 872 N. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery

DATE OF BURIAL, Dec 1st, 1915.

20-UNDERTAKER Henry J. Jenkins & Sons Co

Woodlawn Orchard Sts.

R. S.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1366 N. Calhoun street, ST. 15 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Leroy Nick,

(Residence in Baltimore: No. 1366 N. Calhoun street, St.; yrs., 0 mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, June (Month) 26th (Day), 1915. (Year)

7-AGE, 0 yrs. 5 mos. 2 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, ? ? Gross,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Estella Nick,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma V. Hall, friend,

(Address) 1366 N. Calhoun street.

15- NOV 30 1915 Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 28th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lues,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harriet C. Wemple M. D.
(Coroner.)

Nov. 30., 1915 (Address) 3310 N. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion Cem	Dec. ..., 19..
20-UNDERTAKER	ADDRESS
James H. Dunn	1301 Pulaski

(90003)

HEALTH DEPARTMENT—CITY OF BALTIMORE 30

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1366 N. Calhoun street, ST. 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman L. Johnson,

(Residence in Baltimore: No. 1366 N. Calhoun street, St.: 1 yrs.. 2 mos. 18 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single,

6-DATE OF BIRTH, September (Month) 9th (Day), 1914. (Year)

7-AGE, 1 yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Nina Johnson,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma V. Hall, friend.

(Address) 1366 N. Calhoun street.

15- NOV 30 1915 CLERK OF ORPHANS' Burial Permit Clerk's Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 27th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably tubercular meningitis,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Kempel M. D. (Coroner.)

Nov. 30., 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion Dec ...,	1915
20-UNDERTAKER James H Dunn	ADDRESS 333 Dutton

Spec.—8-24-14—M. & T.—2000 Blks.

C90094

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90094

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N. Montgomery ST. 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbert Weyrbach (Weyrbach)

(Residence in Baltimore: No. 618 N. Montgomery St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, Nov 5, 1914
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
....yrs. 1 mos. 23 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nothing
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Benj. Weyrbach

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Edith Weyman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. Weyrbach

(Address) 618 N. Montgomery St

15-

Filed NOV 30 1915 191.... HARRY O. ANDREWS

Burial Permit Given

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1915, to Nov 29 1915, that I saw him alive on Nov 28 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. 9 ds.

(Signed) H. A. Smith M. D.

Nov 29, 1915 (Address) 728 Hamburg St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Nov 30, 1915

20-UNDERTAKER	ADDRESS
Jas H Hooper	609 Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90005

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

C90005

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 117 N. High st St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Richmond

(Residence in Baltimore: No. 117 N. High st St.; 22 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov — (Month) (Day), 1855 (Year)

7-AGE: 60 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Leurs

(Address) 1419 E. Baltimore

15- Filed NOV 30 1915, 191 — Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1913, to, Nov 30 1915, that I saw him alive on Nov 30 1915, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Asthma Bronchial

(Duration) 5 yrs mos ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) M. D.

11/30/1915 [Address] M. Chodeckel

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: Nov 30 1915

20-UNDERTAKER: Jack Leurs — ADDRESS: 1419 E. Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90003 C90006

CERTIFICATE OF DEATH

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 46 Hafer St.; 20 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Mooney

(Residence in Baltimore: No. 46 Hafer St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem.	White	Single

6-DATE OF BIRTH Nov 29, 1915
(Month) (Day) (Year)

7-AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 28 min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto

PARENTS

10-NAME OF FATHER Elmer Mooney

11-BIRTHPLACE OF FATHER (State or country) Balto

12-MAIDEN NAME OF MOTHER Annie Lahmer

13-BIRTHPLACE OF MOTHER (State or country) Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elmer P Mooney
(Address) 46 Hafer St

15. NOV 30 1915 ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov 29, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1915, to Nov 29 1915, that I saw h[illegible] alive on Nov 29, 1915, and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Prematurity

Birth

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M A Kneel M. D.
Nov 30, 1915 (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cem.	Dec 30, 1915
20-UNDERTAKER Chester R. Dill.	ADDRESS 3 [illegible] Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90007 C90007

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 W. Franklin St.; WARD) 18

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Geary

(Residence in Baltimore: No. 1208 W. Franklin St.; yrs., life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) M

6-DATE OF BIRTH, Jan 20, 1878 (Month) (Day) (Year)

7-AGE, 37 yrs. 10 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W. Balto Md.

PARENTS.

10-NAME OF FATHER, John Geary

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Julia Burn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J Geary

(Address) 1208 W Franklin St

15-

NOV 30 1915

Filed....., 191.... Burial Permit.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1915, to Nov 28 1915, that I saw h[illegible] alive on Nov 27 1915, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

a. Pulmonary Tuberculosis

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. ds.

(Signed) E V Cavalcaro, M. D.

Nov 30, 1915. (Address) 24 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, 12-1, 191.

20-UNDERTAKER H C Brauning's Son — ADDRESS 517 N Schroeder St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

90008 90008

1-PLACE OF DEATH — REGISTERED No. C 92

CITY OF BALTIMORE: (No. 3704 Fairview Ave. St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Morris Jones

(Residence in Baltimore: No. 3704 Fairvent Ave. St.; 54 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word)
male	White	Widower

6-DATE OF BIRTH Dec. 5th (Month) (Day), 1841 (Year)

7-AGE 73 yrs. 11 mos. 23 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Meat Packer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Pa.

PARENTS

10-NAME OF FATHER Benjamin Jones

11-BIRTHPLACE OF FATHER (State or country) Pa.

12-MAIDEN NAME OF MOTHER Margaret Kramer

13-BIRTHPLACE OF MOTHER (State or country) Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret M. Tandell

(Address) 3704 Fairview Ave

15- Filed NOV 30 1915 ROBERT . KRAUSE Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH November 28 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 17, 1915, to, November 28 1915, that I saw him alive on November 17 1915, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Primary)

Ten days (Duration) yrs mos 10 ds.

Contributory (SECONDARY) Uraemia

(Duration) yrs mos 10 ds.

(Signed) W. A. Schimpert M. D.

Nov. 29 1915 [Address] Gerson & Fairview

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL Dec. 1st 1915

20-UNDERTAKER E. M. McDowell & Co. — ADDRESS 1211 W. Fayette

over

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90009

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C90009

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 703 Columbia Av — 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice E. Hooper

(Residence in Baltimore: No. 703 Columbia Av — 14 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November 30, 1863 (Month) (Day) (Year)

7-AGE: 51 yrs. 11 mos. 28 ds. — If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): St. Marys Co. Md.

PARENTS

10-NAME OF FATHER: Richard Johnson

11-BIRTHPLACE OF FATHER (State or country): St Marys Co Md

12-MAIDEN NAME OF MOTHER: Eliza Howard

13-BIRTHPLACE OF MOTHER (State or country): St Marys Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Jos. H. Hooper

(Address): 703 Columbia

15 Filed NOV 30 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. 28th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1915, to Nov. 28th 1915, that I saw h-er alive on Nov. 28th, 1915, and that death occurred, on the date stated above, at 1145 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 yrs. mos. ds

Contributory (SECONDARY) Pulmonary Tuberculosis

about (Duration) 4 yrs. mos. ds.

(Signed) M. Fahrney M. D.

Nov. 30th 1915 (Address) 677 Columbia Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Peters — DATE OF BURIAL: Dec 1 1915

20-UNDERTAKER: Jas. Dignan Son — ADDRESS: Howard & Pleasant

HEALTH DEPARTMENT—CITY OF BALTIMORE

120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1563 Leslie street, ST. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mason,

(Residence in Baltimore: No. 1563 Leslie street, St.: yrs., 1 mos. 14 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Married,

6-DATE OF BIRTH, Unknown, (Month) , (Day) 1 (Year)

7-AGE, 38? yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland,

PARENTS.

10-NAME OF FATHER. Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country). Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) No informant.

(Address)

15- Filed NOV 30 1915 ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. November (Month) 29th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Ackerl (Coroner.) M. D.

Nov. 30th 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 14 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? St. Mary's County, Maryland.

Former or usual residence: Ditto.

19-PLACE OF BURIAL, OR REMOVAL, St. Joseph's Cemetery

DATE OF BURIAL, Dec 1st, 1915.

20-UNDERTAKER Clarence Lowndes

ADDRESS 1369 Pratt

Spec.—6-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90011 C90011

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2453 McCulloh ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Rudo

(Residence in Baltimore: No. 2453 McCulloh St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov (Month) (Day) 1853 (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or mtu.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unkan

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unkan

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Baltst

15- Filed NOV 30 1915 ROBERT P. KRAUTHOFF, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1915, to Nov 30 1915, that I saw h alive on Nov 29, 191, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 10 yrs. mos. ds.

(Signed) M. McGuire M.D.

Nov 30 1915 (Address) 507 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd

DATE OF BURIAL, 12/1, 1915

20-UNDERTAKER Jack Lewis

ADDRESS 1419 E Balt

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90012

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C90012

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 W. Lanvale St. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Crawford

(Residence in Baltimore: No. 1934 W. Lanvale St.; 42 yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Widower

6-DATE OF BIRTH June (Month) 10 (Day), 1852 (Year)

7-AGE 63 yrs. 5 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Candy salesman
(b) General nature of industry, business, or establishment in which employed (or employer): traveling

9-BIRTHPLACE (State or country) Dorchester Co. Md.

PARENTS

10-NAME OF FATHER Wm. Wallace Crawford.

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Sister Richardson

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. Maude Crawford

(Address) 1934 W. Lanvale Street

15- Filed DEC 1 - 1915 191 [illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov (Month) 28 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1915, to, Nov 28 1915, that I saw h[illegible] alive on Nov 28 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

about 4

(Duration) 3 yrs. 6 mos. ds.

Contributory (SECONDARY) .....

(Duration) 1 yrs. mos. ds.

(Signed) H. E. Knott M. D.

Nov 29 191 5 [Address] 1029 W. Lanvale

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: Dec 1 - 1915

20-UNDERTAKER: P. B. Cook

ADDRESS: 1005 West Baltimore St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90013

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90013

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Baroby ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marguerite Worthington

(Residence in Baltimore: No. 1531 Baroby St.; 5 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown 1898, 1
(Month) (Day) (Year)

7-AGE, 17 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Invalid

9-BIRTHPLACE, (State or Country), Del.

PARENTS.

10-NAME OF FATHER, Wm Washington

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ida Hopkins

13-BIRTHPLACE OF MOTHER (State or Country), Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Johnson

(Address) 1531 Baroby St

15- DEC 1 - 1915 Filed, 191. Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 28th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15, 1915, to Nov. 28th 1915, that I saw h[illegible] alive on Nov. 28th 1915, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Tub. Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 5 yrs. mos. ds.

(Signed) A. Lee Elliott M. D.

11-28-, 1915 (Address) 924 Hanover Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wilmington Del. DATE OF BURIAL, Dec 1, 1915

20-UNDERTAKER John H Toadvine ADDRESS 1432 W. Hoffman St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH — CITY OF BALTIMORE (No.) Gutta Eye & Ear Hosp ST. 17 WARD) — REGISTERED No. C 109

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Henson

(Residence in Baltimore: No. 711 Bradley St. 1 yrs. 11 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH, Dec 18, 1913 (Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: William Henson

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Rose Johnson

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Henson

(Address) 711 Bradley

15- FILED DEC 1 - 1915 191... MABEL O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) ... yrs. 1 mos. ... ds.

(Signed) C. P. Fiss M. D. (Coroner)

Dec 1, 191.5 (Address) 242 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 hr ds. In the State ... yrs. 11 mos. 12 ds.

Where was disease contracted, if not at place of death? 711 Bradley St

Former or usual residence 711 Bradley St

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn — DATE OF BURIAL, Dec 2, 1915

20-UNDERTAKER Alfred J Freeland — ADDRESS 1140 Hollins

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1538 Linden avenue, ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dona May Dorsey,

(Residence in Baltimore: No. 1538 Linden avenue, St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH: May (Month) 11th (Day), 1870. (Year)

7-AGE: 45 yrs. 7 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Isaac Freeland,

11-BIRTHPLACE OF FATHER (State or Country): Maryland,

12-MAIDEN NAME OF MOTHER: Nancy Bosley,

13-BIRTHPLACE OF MOTHER (State or Country): Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Reese, sister,

(Address) 11 E. Twentyfirst street.

15- DEC 1 - 1915

Filed....., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 29th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart following an attack of acute indigestion.

(Duration) yrs. mos. 2 hours.

CONTRIBUTORY (Secondary) Dietary indiscretion at evening meal (Duration) yrs. mos. ds.

(Signed) J. Frederick Kemp (Coroner.) M. D.

Nov. 30th 1915. (Address) 3310 N. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Westminster — DATE OF BURIAL, Dec 1, 1915

20-UNDERTAKER: G. F. Walker — ADDRESS 723 Asby. ave

C90016

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90016

1 PLACE OF DEATH — Registered No. C 7

CITY OF BALTIMORE (No. 1606 Millinay St.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis H Finkney

(Residence in Baltimore: No. 1606 Millinan St.: 29 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: November, 1885 (Month) (Day) (Year)

7-AGE: 29 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Waiter

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Joseph Finkney

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Sarah Nelson

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Florence H Finkney

(Address) 1606 Millinade

DEC 1 - 1915 Filed ....., 191 — Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 30 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1915, to Nov 30, 1915, that I saw h[illegible] alive on Nov 30, 1915, and that death occurred, on the date stated above, at 9.55 m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY): Septic Poison

(Duration) yrs. mos. 1 ds.

(Signed) Alf J Bay M. D.

11 30, 1915 (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death: yrs. mos. ds. — In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion Dec 1, 1915 — DATE OF BURIAL

20-UNDERTAKER: Samuel J Hunter — ADDRESS: 5718 Harford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C9001 — 91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 420 N. Madeira ST.: 1 WARD) Registered No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy S. Williams (adopted child)

(Residence in Baltimore: No. 420 N. Madeira St.; yrs., 1½ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June 26, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 5 mos. 4 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore County, Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Annie Mangels

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Williams

(Address) 420 N. Madeira St.

15-FILED DEC 1 - 1915, Issued ..., 191..

DEC 2 - 1915 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 30th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.
(Coroner.)

Dec 30, 1915. (Address) 711 6 Gorsuch pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cemetery	Dec 1st, 1915
20-UNDERTAKER Lilly & Zuber	ADDRESS 403 N Mo[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1148 Hanlestead ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Shipley

(Residence in Baltimore: No. 1148 Hanlestead St.; yrs., 3 mos. 1 da.) 65

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June 16, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 14 da. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Don't know

12-MAIDEN NAME OF MOTHER, Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Shipley

(Address) 1148 Hanlestead

15- FILED DEC 1 - 1915, 191.. HARRY C. ANDREAS, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30, 191..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... da.

(Signed) ... (Coroner.) M. D.

..., 191.. (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Dec 2, 1915
20-UNDERTAKER	ADDRESS
W^m Cook	502 E. Madison

Spec.—8-24-14—M. & T.—2000 Blks.

C90019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C90019

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Brentwood Ave 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Joseph J. Wintz

(Residence in Baltimore: No. 1127 Brentwood Ave St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July 5, 1894
(Month) (Day) (Year)

7-AGE. 21 yrs. 4 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Aloysius Wintz

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Elizabeth Murray

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Wintz

(Address) 1127 Brentwood Ave

15- Filed DEC 1 - 1915 Rec'd DEC 1 - 1915

Burial Permit Sent.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 29, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 22 1915, to Nov 28 1915, that I saw h[illegible] alive on Nov 28. 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

Pneumonia (Duration) yrs. mos. 4 ds.

(Signed) James M. Kelly M. D.

Dec 1, 1915. (Address) 7 ex 5 Chas St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Dec 2, 1915.

20-UNDERTAKER N. C. Windfield — ADDRESS 914 Fremont Ave

N. B.—Item [illegible] should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED No. C 92

CITY OF BALTIMORE: (No. 647 Portland St.; WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victor Stadalnikas (Stadalnikas)

(Residence in Baltimore: No. 647 Portland St.; yrs. mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Nov. 28 (Month) (Day) 1914 (Year)

7-AGE: yrs. mos. 4 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): ~~Md~~ Baltimore Md

PARENTS

10-NAME OF FATHER: Joseph Stadalnikas

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Margaret Pagdanavic

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Vincent Stadalnikas

(Address) 647 Portland St

15- Filed DEC 1 - 1915, 191 HENRY O ANDREAS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 28, 191 5, to, Dec. 1, 191 5, that I saw h... alive on Nov. 30 191 5 and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Contributory (SECONDARY) Acute Interstitial Nephritis (Duration) yrs 3 mos ds.

(Signed) John F. Hill M.D. (Duration) yrs mos 3 ds.

Dec. 1, 191 5 [Address] 629 Columbia Ave K. B.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 647 Portland St

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 4, 1915

20-UNDERTAKER: John G. Sullivan — ADDRESS: 520 S Ann St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D

1-PLACE OF DEATH — REGISTERED No. C 50

CITY OF BALTIMORE (No. 1610 N. Montford ave ST.; 8 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Hardy

(Residence in Baltimore: No. 1610 N. Montford ave St.; yrs. unknown mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug 20, 1870 (Month) (Day) (Year)

7-AGE: 45 yrs. 3 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Harford Co Md

PARENTS

10-NAME OF FATHER: Geo M Hardy

11-BIRTHPLACE OF FATHER (State or country): Harford Co Md

12-MAIDEN NAME OF MOTHER: Sophia Madery

13-BIRTHPLACE OF MOTHER (State or country): Balto County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Hardy

(Address) 1610 N. Montford ave

15- Filed DEC 1 - 1915 — Burial Permit Issued — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 28, 1915, to Nov 30 1915, that I saw h[illegible] alive on Nov 30, 1915, and that death occurred, on the date stated above, at 11 0 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY)

(Duration) 1 yrs. mos. ds.

(Signed) I. D. Hearn M. D.

Dec 1, 1915 (Address) 1201 N Gay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Abbington Harford Co Md — DATE OF BURIAL: Dec 3, 1915

20-UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond St

Spec.—8-24-14—M. & T.—2000 Bks.

C90022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C90022

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Ashland ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Davis

(Residence in Baltimore: No. 1739 Ashland ave St.; 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Unknown ....., 1849
(Month) (Day) (Year)

7-AGE, 66 yrs. — mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Addie Davis

(Address) 1739 ashland ave

15- Filed DEC 1 - 1915, 191.. ROBERT J. KRAUTH Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23, 1915, to Nov 29 1915, that I saw h[illegible] alive on Nov 29 1915, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Hemiplegia
apoplectic
(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Coma
(Duration) ..... yrs. ..... mos. ? ds.

(Signed) Walter M White M. D.

Nov 30, 191.. (Address) 1100 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, December 2, 1915.

20-UNDERTAKER Milton Davis — ADDRESS 160 McElderry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C90023

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90023

CERTIFICATE OF DEATH.

x 120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Hotter

(Residence in Baltimore: No. St Joseph Hospital St.; ..yrs.. ..mos. 1/2 da.)

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ? (Month) ? (Day) 1876 (Year)

7-AGE, 39 yrs. ..mos. ..da.

If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Sharment

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Rachael Wilkins

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry C. Hotter

(Address) Chase Md.

15- DEC 1 - 1915 191.. KUHAST . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1915, to Nov 30 1915, that I saw h er alive on Nov 30 1915, and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(Duration) unknown yrs. mos. da.

CONTRIBUTORY (Secondary) Interstitial Nefritis

(Duration) unknown yrs. mos. da.

(Signed) Walter L. Hemmeter M. D.

Nov 30, 1915. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 1/2 ds. In the State ..yrs. ..mos. ..da.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Whitemarsh Balto Co Md

19-PLACE OF BURIAL OR REMOVAL, Ebenezer Cemetery, Chase Md — DATE OF BURIAL, DEC 2, 1915

20-UNDERTAKER H O Hughes — ADDRESS 175 S Broadway Balto Md

C90024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

C90024

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2632 N Calvert St.: 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Thiel

(Residence in Baltimore: No. 2632 N Calvert St.; 60 yrs. ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: ... (Month) ... (Day) 1836 (Year)

7-AGE: 79 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): -

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Rt Ewalt

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adolph Thiel

(Address) 2109 Fremont Ave

15 DEC 1 - 1915 Filed ..., 191... Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1915, to, Nov 30 1915, that I saw h.r alive on Nov 26 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Old Age

(Duration) — yrs — mos — ds.

Contributory (SECONDARY) ...

(Duration) ... yrs ... mos ... ds.

(Signed) William J Mahon M. D.

Nov 30 1915 [Address] 717 St Paul St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: St Matthews — DATE OF BURIAL: Dec 2, 191...

20-UNDERTAKER: E A Kindsvater — ADDRESS: Fremont Ave

Spec.—8-24-14—M. & T.—2000 Eks.

Edgar A. McKernon.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90025

C90025

28

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 E Biddle St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar A McKernon

(Residence in Baltimore: No. 605 E Biddle St.; 2yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 26, 1894
(Month) (Day) (Year)

7-AGE, 21 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)..... Student

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John McKernon

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Pat Brown

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss M Kernon

(Address) 605 E. Biddle St.

15- DEC 1 1915 1915

ROBERT J. KRAUSE, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1914, to Nov 28 1915, that I saw h[illegible] alive on Nov 28 1915, and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Bernard M.D.

11/30 1915 (Address) 914 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Dec. 2, 1915

20-UNDERTAKER E. A. Hedgfield Jr.

ADDRESS Belmont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD, WRITE PLAINLY, WITH UNFADING INK—THE

Stamp.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C900-26 C900-26 80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2534 Penna. Av. ST.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Solomon Wyman

(Residence in Baltimore: No.) 2534 Penna. Av. (St.; Balt. Md.) (If non-resident give usual residence.)

(Age) 70 yrs., mos. (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 14th (Day), 1859 (Year)

7-AGE, 56 yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER Emmanuel H Wyman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henrietta Block

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maurice Wyman

(Address) 2234 Linden Av

15- DEC 1 - 1915 Filed..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 30th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 4th 1915, to Nov. 30th 1915, that I saw h[illegible] alive on Nov. 29th 1915, and that death occurred, on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:
Acute Indigestion. Followed by Angina Pectoris & Incoordination of heart action.
(Duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Cardio-arterio sclerosis
(Duration) yrs. Not known mos. ds.

(Signed) C A Smith M. D.
Nov. 30 1915 (Address) 1605 N North Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew Cem. DATE OF BURIAL, Dec 3, 1915

20-UNDERTAKER David Bondheim ADDRESS 1134 W Royal Av

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

George Decker.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C00027

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 E Fairmount St or Ave 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Decker

(Residence in Baltimore: No. 2314 E Fairmount ave. yrs. Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 19 (Day), 1884 (Year)

7-AGE, 31 yrs. 6 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Buyer Assistant
(b) General nature of industry, business, or establishment in which employed (or employer): for Packing House

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Decker

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Rebecka Otillie

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Decker

(Address) 2314 E Fairmount Ave

15- ROBERT J. KRAUTER Burial Permit Officer

Filed....., 191.... Registrar.

DEC 1 - 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1915, to Nov 30 1915, that I saw h— alive on Nov 29 1915, and that death occurred, on the date stated above, at 9 15 4 m.

The CAUSE OF DEATH* was as follows:

Pneumo- Pulmonica -

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cerebral Failure

(Duration) yrs. mos. 1 ds.

(Signed) Impey Bruce M. D.

Nov 30, 1915. (Address) 125 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, December 2 1915

20-UNDERTAKER Wendell Dasfel & Son — ADDRESS 378 Bmore

Spec.—8-24-14—M. & T.—2000 Blks.

Eliza Ennis

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90028 64 C90028

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 E Pratt St., W. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Eliza Ennis

(Residence in Baltimore: No. 1717 E Pratt st. St.; 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 3, 1853 (Month) (Day) (Year)

7-AGE, 62 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Brady

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Eliza Lennan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Command

(Address) 1717 E Pratt St

15- ROBERT KRAUTER

Filed DEC 1 - 1915, 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 1, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1915, to Dec 1 1915; that I saw h[illegible] alive on Dec 1 1915; and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Valentine M. D.

Dec 1, 1915. (Address) 16 S Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Dec 3, 1915.

20-UNDERTAKER Randall Lippitt & Son ADDRESS 32 N Howard St

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Selma Baer.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Ashland Av ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill in No. 18.)

2-FULL NAME Selma Baer

(Residence in Baltimore: No. 1706 Ashland Ave St.; 1 yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 28 (Month) (Day) 1913 (Year)

7-AGE: 2 yrs. 8 mos. 2 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Julius Baer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Franus Baer

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julius Baer

(Address) 1706 Ashland ave

15- Filed DEC 1 - 1915 ROBERT J. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 28 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29, 1915, to, Nov 30 1915, that I saw h-er alive on Nov 30 1915, and that death occurred, on the date stated above, at 11-30 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Acute

(Duration) — yrs — mos. 6 ds.

Contributory (SECONDARY)

(Duration) mos ds.

(Signed) John D Veit M.D.

Nov 1, 1915 (Address) 936 E Monument St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Trinity Cem. DATE OF BURIAL: Dec 2, 1915

20-UNDERTAKER: Mundell & Lyford & Son ADDRESS: 37 Lexington St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 92

REGISTERED No. C 90030

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Duncan

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. 17 (Month) (Day), 1860 (Year)

7-AGE, 55 yrs. 3 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Duncan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Miller

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Duncan

(Address) 1903 W. Lanvale St

15- Filed DEC 1 - 1915, 191 Burial Permit Clerk / Registrar.

ROBERT J. KRAUTER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 1 (Month) (Day), 1915. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 24 191 5, to Dec. 1 1915, that I saw h live on Dec. 1 1915, and that death occurred, on the date stated above, at 2.00 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage
Duration 1 hour
Contributory Phthisis
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Pericarditis
Endocarditis (Duration) yrs. mos. ds.

(Signed) Frank M. Rowe M. D.

12-1-15, 191... (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence Baltimore, Md.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Manor — DATE OF BURIAL, Dec. 2, 1915.

20-UNDERTAKER Chas. F. Rowe & Son. — ADDRESS 1189 W. Mt. Royal Ave.

C90031

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

REGISTERED No. C

C90031

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1809 Penrose Ave ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catherine Koch

(Residence in Baltimore: No. 1809 Penrose Ave St.; 63 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH September 20, 1829 (Month) (Day) (Year)

7 AGE 86 yrs. 2 mos. 10 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Germany

PARENTS

10 NAME OF FATHER Jacob Kessler

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Miller

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Koch (Husband)

(Address) 1809 Penrose Ave

15 DEC 1 - 1915 ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 30, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from September 30, 1915, to November 30, 1915, that I saw h[illegible] alive on November 30, 1915, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart & Kidneys

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. M. Reinhardt M. D.

Nov 30, 1915. (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Dec 3, 1915

20 UNDERTAKER Mrs A Rohde & Son — ADDRESS 30 Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 90032 × 9V C 90032

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mariann Feldman

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1 (Year)

7-AGE, At 48 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Horsetrainer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. H. Kraft

(Address) Pikesville

15. DEC 1 - 1915 ROBERT J. KRAUTH, Burial Permit Clerk.
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1915, to Nov 29 1915, that I saw h[illegible] alive on Nov 29 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

..... Ulcer Pneumonia .....

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

Asthenia (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Eleanor Krumm M. D.

Nov 30, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Washington D.C.

19-PLACE OF BURIAL OR REMOVAL, H Charles Lawn Pikesville

DATE OF BURIAL, Dec 1, 1915.

20-UNDERTAKER C. H. Kraft

ADDRESS Pikesville

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90033 92 C90033

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Hopkins

(Residence in Baltimore: No. 213 S Dallas St St.; 2 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, [illegible] November, 1877
(Month) (Day) (Year)

7-AGE, 38 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed DEC 1 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 28 1915, to Nov. 28 1915, that I saw h m alive on November 28 1915, and that death occurred, on the date stated above, at 10 55 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Paul W. Clough M. D.

Nov 29, 1915 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 213 S. Dallas St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park, DATE OF BURIAL, Dec 2nd, 1915

20-UNDERTAKER Harry A. Vodery ADDRESS 1725 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FILMED

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90034 C90034

REGISTERED No. C 1320

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1918 Christian St. St.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Grammer

(Residence in Baltimore: No. 1918 Christian St St.: 41 yrs. 3 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 11 (Day), 1874 (Year)

7-AGE: 41 yrs. 3 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Maryland (City) Balto

PARENTS

10-NAME OF FATHER: John C Grammer

11-BIRTHPLACE OF FATHER (State or country): Annapolis Md

12-MAIDEN NAME OF MOTHER: Georgiana Poole

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Augusta Grammer

(Address): 1918 Christian St.

15- DEC 1 - 1915 191 ROBERT . KRAUTHER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 1 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20. 1915. to Nov 30 1915.
that I saw her alive on Nov 30 1915.
and that death occurred, on the date stated above, at 3 A m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

2
(Duration) — yrs. 6 mos. — ds

Contributory (SECONDARY) Uraemic Coma

(Duration) — yrs. — mos. 2 ds.

(Signed) Hm Robinson M. D.

Dec 1. 1915 (Address) 2010 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Dec. 3. 1915.

20-UNDERTAKER: Geo. L. Schwab & Bro. ADDRESS: 2101 Fred'k Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

102

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No 1804 White ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nora A Gross

(Residence in Baltimore: No. 1804 White St St.; 20 yrs., 7 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 10 (Day), 1879 (Year)

7-AGE, 36 yrs. 6 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hairdresser
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Calvert Co Md

PARENTS.

10-NAME OF FATHER, Samuel A. Gross

11-BIRTHPLACE OF FATHER (State or Country) Calvert Co Md

12-MAIDEN NAME OF MOTHER Mary Rice

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert A. Gross

(Address) 506 Gold St

15- Filed DEC 2 - 1915, 191.. Burial Permit Clerk
Registrar.

Mad 2682-8

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30th 1915, to Nov 28th 1915, that I saw h.r alive on Nov 29th 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Ulcer of Stomach

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D.N.E. Cammack M. D.

Nov 30., 1915. (Address) 13 E. N. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Parkers Wd — DATE OF BURIAL, Dec 2 1915

20-UNDERTAKER Cal. Co. Md — ADDRESS John H. Toadvine 1432 Madison St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH Baltimore REGISTERED No. C

CITY OF BALTIMORE: (No. 1031 N Stricker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Catharine McAllister

(Residence in Baltimore: No. 1031 N Stricker St.; 82 yrs., 3 mos. 14 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH. August 16, 1833
(Month) (Day) (Year)

7-AGE. 82 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: None
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore City - Md

PARENTS.

10-NAME OF FATHER. Archibald McAllister

11-BIRTHPLACE OF FATHER (State or Country). County Antrim Ireland

12-MAIDEN NAME OF MOTHER Margaret Nesbitt

13-BIRTHPLACE OF MOTHER (State or Country), London-England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Parkhill

(Address) 625 N. Calhoun St.

15- DEC 2 - 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1909, to Nov 30 1915, that I saw her alive on Dec 26 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Senile Heart (Dilatation

Mitral Stenosis

Known (Duration) 6 yrs. 6 mos. — ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Young M. D.

Dec 1st 1915. (Address) 1425 Fountain Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. DEC 2 - 1915

20-UNDERTAKER. John B Spence ADDRESS 132 N Carrollton

Spec.—8-24-14—M. & T.—2000 Blks.

C90037 C90037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1352 N. Calhoun ST.: 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melva Campbell

(Residence in Baltimore: No. 1352 N. Calhoun St.: ..yrs., 1 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Oct. 19, 1915
(Month) (Day) (Year)

7-AGE, ..yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore 1352 Calhoun St

PARENTS.

10-NAME OF FATHER, Harry Walker Campbell

11-BIRTHPLACE OF FATHER (State or Country), St Marys Co. Md

12-MAIDEN NAME OF MOTHER Lucy Self

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry W. Campbell

(Address) 1352 N. Calhoun St

15- DEC 2 - 1915 HENRY O. ANDREAS, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 1, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 26 1915, to Dec 1 1915, that I saw h er alive on Nov 30 1915, and that death occurred, on the date stated above, at 12.05 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration)...yrs.....mos. 5 ds.

CONTRIBUTORY.....
(Secondary)

(Duration)...yrs.....mos.....ds.

(Signed) J. N. Wright M. D.

Dec 1, 191.5 (Address) 1209 Frost St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Int. Auburn — DATE OF BURIAL, Dec 2nd, 1915.

20-UNDERTAKER George H. Holland — ADDRESS 517 Robert St

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Eks.

Wm N. H. Campbell

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90033

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. [illegible] St., [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Campbell

(Residence in Baltimore: No. 1369 N. Carey St.; 12 yrs., 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Nov. (Month) 22 (Day), 1899 (Year)

7-AGE: 16 yrs. 1 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): West Indies

PARENTS.

10-NAME OF FATHER: David M. E. Campbell

11-BIRTHPLACE OF FATHER (State or Country): B. W. I.

12-MAIDEN NAME OF MOTHER: Dorothy Morris

13-BIRTHPLACE OF MOTHER (State or Country): B. W. I.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. D. M. E. Campbell

(Address) 1369 N. Carey Street

15- Filed DEC 2 - 1915 MARY O ANDREWS, Burial PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec. (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17 1915, to Dec. 1 1915, that I saw h[illegible] alive on Dec. 1 1915, and that death occurred, on the date stated above, at 7.40 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Dec. 1, 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Tuberculous

Former or usual residence 1369 N. Carey St.

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. — DATE OF BURIAL, Dec. 4, 1915

20-UNDERTAKER: Geo. F. Hoeland — ADDRESS 517 Robert St.

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

(90039)

HEALTH DEPARTMENT---CITY OF BALTIMORE.

CERTIFICATE OF DEATH

137

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2922 Reese ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Rebecca Schlufter

(Residence in Baltimore: No. 820 S.Sharp st. St.; Lifetime yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: Mch. (Month) 17 th (Day) 1892 (Year)

7-AGE: 23 yrs. 8 mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto.Md.

PARENTS

10-NAME OF FATHER: John Mc.Comas

11-BIRTHPLACE OF FATHER (State or country): Balto.Md.

12-MAIDEN NAME OF MOTHER: Mary E.Gosnell

13-BIRTHPLACE OF MOTHER (State or country): Balto.Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E.Mc.Comas

(Address) 2922 Reese st.

15- Filed DEC 2 - 1915 191 MARY O ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 30/15. (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov.10/15 ,191 , to, Nov.30/15. ,191 , that I saw h er alive on Nov.30/15. 191 , and that death occurred, on the date stated above, at 11.45 P.M.

The CAUSE OF DEATH* was as follows:

Surgical (Puerperal) Septicaemia.

(Duration) yrs mos. 20 ds.

Contributory (SECONDARY) Curettage following accidental abortion (Duration) yrs. mos. 1 ds.

(Signed) Henry Mills Lewis M. D.

Dec.1/15 ,191 [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Dec 3 1915

20-UNDERTAKER: Albert Bowers & Co ADDRESS: Calhoun st

C90040 C90040

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Druid Hill Ave St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Braxton

(Residence in Baltimore: No. 1316 Druid Hill Ave St.; 25 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH Unknown (Month) 1 (Day) (Year)

7-AGE 50 yrs mos ds.

If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Va.

PARENTS

10-NAME OF FATHER Ned Braxton

11-BIRTHPLACE OF FATHER (State or country) Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fannie Braxton

(Address) 1316 Druid Hill Ave.

DEC 2 - 1915 Burial Permit Clerk.

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1915, to, Dec. 1 1915, that I saw h.im alive on Dec. 1 1915, and that death occurred, on the date stated above, at 1.10 m.

The CAUSE OF DEATH* was as follows:

Croupous Pneumonia

(Duration) yrs mos 9 ds.

Contributory (SECONDARY) Exposure

(Duration) yrs mos ds.

(Signed) Edward J. Mueller M. D.

12/1/15 191.... [Address] 1230 E. Pin

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Mt Auburn

DATE OF BURIAL Dec 3 1915

20-UNDERTAKER Geiger

ADDRESS Dell B Pl E 102 E Hull St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 W Biddle St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Brice

(Residence in Baltimore: No. 205 W. Biddle St.; 30 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE Colored | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH Unknown. 1 (Month) (Day) (Year)

7-AGE About 58 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Virginia.

PARENTS

10-NAME OF FATHER Not Known.

11-BIRTHPLACE OF FATHER (State or country) Not Known.

12-MAIDEN NAME OF MOTHER Not Known.

13-BIRTHPLACE OF MOTHER (State or country) Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lennance Grass King

(Address) 205 W. Biddle St.

15- Dec 2 - 1915 MANLY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH November 30 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1915, to, Nov 30 1915, that I saw her alive on Nov 28 1915, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) yrs 8 1/2 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. V. M Card. M. D.

11/30 1915 [Address] 2005 Hillsdale

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: Dec 3, 1915

20-UNDERTAKER: Felix B. Pyle | ADDRESS: 112 E Mulberry St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90042

CERTIFICATE OF DEATH.

90

C90042

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1028 W Lexington ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Tasker

(Residence in Baltimore: No. 1028 Lexington Str St.; 40 yrs.. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, ... November 1, ...
(Month) (Day) (Year)

7-AGE, 49 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), West River Md

PARENTS.

10-NAME OF FATHER, George Neal

11-BIRTHPLACE OF FATHER (State or Country), West River Md

12-MAIDEN NAME OF MOTHER Jane Neal

13-BIRTHPLACE OF MOTHER (State or Country), West River

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Smith

(Address) 102 W Lexington St

15- Burial Permit Clerk's

FILED DEC 2 - 1915 ....., Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 10th 1915, to Nov 30th 1915, that I saw her alive on Nov 29th 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

..... Chronic Asthma .....

..... (Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) 1 yrs. — mos. — ds.

(Signed) ..... C W Barker M. D.

....., 191... (Address) 1403 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Dec 2, 1915

20-UNDERTAKER Alfred J Fruland — ADDRESS 114 N Schroeder St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90643 C90643

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH Woman's Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Frances E. Martin (Martin)

(Residence in Baltimore: No. Woman's Hospital St.; 29 yrs. — mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug. 3, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Samuel Martin

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Martha E Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Allen Brambrup

(Address) Arlington Md

15- DEC 2 - 1915 BURIAL PERMIT GIVEN.
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to Dec 1 1915, that I saw h er alive on Dec 1 191 5, and that death occurred, on the date stated above, at 5:20 p.m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pulmonia

.....

.....

..... (Duration) ....yrs. ....mos. 3 days.

CONTRIBUTORY (Secondary) Senility

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) A. P. Jones M. D.

Dec 1, 1915. (Address) Woman's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death X yrs. X mos. 9 ds. In the State 29 yrs. 3 mos. 28 ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence Arlington - Penn Co. Md

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Dec 3, 1915.

20-UNDERTAKER Wm J Dickey & Son ADDRESS North & Penn

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home Inf. ST.; 16 WARD)
(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Charles Morrow.

(Residence in Baltimore: No. 1506 Harlem Ave St.; Lifetime yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Sing'l

6-DATE OF BIRTH, Oct 3 (Month) (Day), 1879 (Year)

7-AGE, 36 yrs. 1 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brakesman
(b) General nature of industry, business, or establishment in which employed (or employer): Rail Road

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Hugh L Morrow

11-BIRTHPLACE OF FATHER (State or Country): Delaware

12-MAIDEN NAME OF MOTHER: Ida L Carter

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Morrow

(Address) 1506 Harlem Ave

15-

Filed DEC 2 1915 191.... MARY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 30 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 23 1915, to Nov 30 1915, that I saw him alive on Nov 29 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows: Acute Tuberculous Peritonitis following old Tuberculous Infection

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Kidneys Involved before entering hospital

(Duration) yrs. mos. ds.

(Signed) Thomas A Stan M. D.

Nov 30, 1915. (Address) Church Home Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 7 ds. In the State 36 yrs. 1 mos. 27 ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 1506 Harlem Ave

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 3, 191..

20-UNDERTAKER: H J Rickert & Son — ADDRESS: Pennsylvania Ave

C90045

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

89

C90045

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 614 N. Fulton Ave St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Maria Antonia Tadula

(Residence in Baltimore: No. 614 N. Fulton Ave St.:— yrs.— mos.— ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: April (Month) 20 (Day), 1833 (Year)

7 AGE: 82 yrs. 7 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Laurenzana, Naple Italy

PARENTS

10 NAME OF FATHER: Vincent Gleonna

11 BIRTHPLACE OF FATHER (State or country): Italy

12 MAIDEN NAME OF MOTHER: Camilla Bonasso

13 BIRTHPLACE OF MOTHER (State or country): Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Theresa Tadula

(Address) 614 N Fulton Ave

15. DEC 2 - 1915 19... BUREAU OF VITAL STATISTICS, Burial Permit Clerk's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 1st (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 27th, 1915, to Dec 1st 1915, that I saw h.. alive on Dec 1st, 1915, and that death occurred, on the date stated above, at 6.05 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis (Capillary)

(Duration) — yrs. — mos. 5 ds

Contributory (SECONDARY) Heart Exhaustion

(Duration) — yrs. — mos. — ds.

(Signed) Edw. J. Bummer M. D.

Dec 1st, 1915 (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: Dec 4, 1915

20 UNDERTAKER: W. J. Tuckerson — ADDRESS: North Ave

Spec.—S 24-14—M. & T.—2000 Bks.

C90046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 91 C90046

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2656 Pryebury ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma Virginia Dillard

(Residence in Baltimore: No. 2656 Pryebury St.; 2 yrs., 5 mos. 18 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, June (Month) 12 (Day), 1913 (Year)

7-AGE, 2 yrs. 5 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Harry R Dillard

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Katherine Watts

13-BIRTHPLACE OF MOTHER (State or Country): N Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry R Dillard

(Address) 2656 Pryebury St

15-DEC 2 - 1915 Filed ....., 191.... Registrar.

REGISTRAR'S Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 21 1915, to Nov 30 1915, that I saw h[illegible] alive on Nov 30 1915, and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) .... yrs. .... mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) .... yrs. .... mos. 3 ds.

(Signed) W H Buckley M. D.

Dec 1, 1915 (Address) 526 N Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem — DATE OF BURIAL, Dec 3, 1915

20-UNDERTAKER Wm J Dickneider — ADDRESS North Ave

Spec.—8-14-14—M. & T.—2000 Bks.

C90047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Manning (Manning)

(Residence in Baltimore: No. 424 E. Lanvale St.; 44 yrs., 2 mos. 4 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Sept 27, 1871 (Month) (Day) (Year)

7-AGE: 44 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Horseshoer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md. (City)

PARENTS.

10-NAME OF FATHER: William Manning

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Dont known

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Manning

(Address) 424 E. Lanvale

15. Filed DEC 2 - 1915, 191.. MARY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec 1, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1915, to Dec 1 1915, that I saw him alive on Dec 1 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

with Pulmonary Oedema

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) L. Myocarditis

(Duration) yrs. mos. 1 ds.

(Signed) Ernest McG. Krieger M. D.

Dec 1, 191.5 (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 44 yrs. 2 mos. 4 ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 424 E Lanvale St.

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL, Dec 4, 191.5

20-UNDERTAKER: William Cook — ADDRESS 502 E North Ave

C90048

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C90048

REGISTERED NO. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 347 W 21st St. St.; W 12 WARD)

2-FULL NAME Delores Callahan

(Residence in Baltimore. No. 347 W 21st St. St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Nov. 30, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day 18 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Martin Callahan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Petty

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martin Callahan

(Address) 347-W. 21-Street

DEC 2 - 1915. HARRY O. ANDREWS, Burial Permit Clerk.

Filed ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. 1, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 30th, 1915, to Dec. 1st 1915, that I saw h[er] alive on Dec. 1st, 1915, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Exhaustion
Premature birth

(Duration) ..... yrs. mos. 18 hrs

Contributory (SECONDARY)

(Duration) ..... yrs. mos. 18 hrs.

(Signed) Geo E Cross. M. D.

Dec 1st 1915 (Address) 1000 W 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: DEC 2, 1915

20-UNDERTAKER: Hamain Cook — ADDRESS: 5026 North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. [illegible] St., [illegible] WARD) REGISTERED No. C [illegible]

2-FULL NAME Isabel Ringgold

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Unknown, (Month) (Day) 1 (Year)

7-AGE, 22 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, Chas Ringgold

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co Md

12-MAIDEN NAME OF MOTHER Ella Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Segler R. Ringgold

(Address) Sutherville Md

15- DEC 2 - 1915 Filed, 191. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 1, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10, 1915, to Dec. 1 1915, that I saw h[illegible] alive on Dec. 1 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

[illegible] Myocarditis

(Duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

12-1, 191.5 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 21 ds. In the State 23 yrs. mos. ds.

Where was disease contracted, if not at place of death? Sutherville, Md

Former or usual residence Sutherville Md.

19-PLACE OF BURIAL, OR REMOVAL. Quaker Bottom Cem. DATE OF BURIAL. Dec 3 1915

20-UNDERTAKER Joseph Burns Sons ADDRESS Towson

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90059 C90059

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 N Collington Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August M. Gossman

(Residence in Baltimore: No. 1034 N. Collington Ave St.; 28 yrs. 2 mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August (Month) 23rd (Day), 1887 (Year)

7-AGE, 28 yrs. 2 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md

PARENTS.

10-NAME OF FATHER, George M. Gossman

11-BIRTHPLACE OF FATHER (State or Country), Balto. md

12-MAIDEN NAME OF MOTHER Annie Koenig

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie Gossman

(Address) 1034 N. Collington Ave

15- Filed DEC 2 - 1915, 191.... MARK'S ADDRESS, Burial Permit 41491

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 1st (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1 of 1915, to December 1 1915, that I saw h... alive on November 30 of 1915, and that death occurred, on the date stated above, at 1:00 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Contributory

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. L. Dingeman M. D.

12/2, 191 5 (Address) 1 S. Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Dec 4, 1915

20-UNDERTAKER Henry Hoeck & Son

ADDRESS 1301 E Lexington St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 92 C 90051

1-PLACE OF DEATH — REGISTERED NO. C 90051

CITY OF BALTIMORE: (No. University Hosp. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand Leo Hill

(Residence in Baltimore: No. 3420 Dillon St. St.; Left Hosp. yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May 16, 1910 (Month) (Day) (Year)

7-AGE, 5 yrs. 6 mos. 16 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto City

PARENTS.

10-NAME OF FATHER, Andrew Hill

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Johanna Heise

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Hill

(Address) 3420 Dillon St

15- Filed DEC 2 - 1915, 191. Burial Permit 24215 Registrar. REGISTRAR OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 1st, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1915, to Dec 1 1915, that I saw him alive on Dec 1 1915, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Empyema of Left Pleural Cavity

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia (Lobar)

(Duration) ....yrs. ....mos. 2 ds.

(Signed) H. M. Stern M. D.

Dec 1, 1915 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 3420 Dillon St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cem	Dec 7, 1915
20-UNDERTAKER	**ADDRESS**
H. Sander & Sons	1710 Eutaw

C90052

HEALTH DEPARTMENT—CITY OF BALTIMORE

184

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: Maryland General Hospital,
CITY OF BALTIMORE (No. Madison st.& Linden ave. ST.: 11 WARD)
REGISTERED No. C 90052

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Sarah Baylor,

(Residence in Baltimore: No. Non-resident, (Md. Genl. Hosp.) St.; yrs., mos. 14 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,
4-COLOR OR RACE: Colored,
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH, ...Unknown...., ..., 1890
(Month) (Day) (Year)

7-AGE, 25? yrs. ? mos. ? ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook,
(b) General nature of industry, business, or establishment in which employed (or employer): private family,

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, James H. Young,
11-BIRTHPLACE OF FATHER (State or Country), Virginia,
12-MAIDEN NAME OF MOTHER, Mary Ransom,
13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Young, sister,
(Address) Essex County, Virginia.

15- DEC 2 - 1915 ROBERT . KRAUTER,
Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 30th 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of skull produced by being struck on the head with an iron bar in the hands of her husband,
(Homicide) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) H. H. Lemmon M. D.
(Coroner.)
Dec. 2nd, 1915. (Address) 3310 N. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 14 ds. In the State Unknown, ds.
Where was disease contracted, if not at place of death? Roland Park, Baltimore County, Md.
Former or usual residence Virginia.

19-PLACE OF BURIAL OR REMOVAL, Tafapahanock Va
DATE OF BURIAL, Dec. 2nd, 1915.

20-UNDERTAKER Samuel F. Hemsley
ADDRESS 518 N. Bond

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

690053 690053

Registered No. C 64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 224 Myrtle Ave St. 4 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Elizabeth Pieper (Pieper)

(Residence in Baltimore: No. 224 Myrtle Ave St.; 47 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: January 29, 1851 (Month) (Day) (Year)

7-AGE: 64 yrs. 11 mos. 2 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Pieper

(Address) 224 Myrtle Ave

15. Filed DEC 2 - 1915 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December 1st, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 1st, 1915, to — 191—, that I saw her alive on December 1st, 1915, and that death occurred, on the date stated above, at 8:40 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy.

7 Hours (Duration) — yrs. — mos. — ds

Contributory (SECONDARY): Arteriosclerosis.

(Duration) — yrs. — mos. — ds.

(Signed) Edward L. Krieger M. D.

December 2nd, 1915. (Address) 1211 East Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec. 2 1915

20-UNDERTAKER: Harry W. Ehlen & Norton — ADDRESS 1944

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

(90051)

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wright

(Residence in Baltimore: No. 226 N. Paca St. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. 7, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Fielden Wright

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lida Tate

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Wright

(Address) Baltimore Md.

15- DEC 2 - 1915 ..... KRAUTER

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27 1915, to Dec 2 1915, that I saw h[illegible] alive on Dec. 2 1915, and that death occurred, on the date stated above, at 5:40 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar Consolidation

Acute (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward [illegible] M. D.

Dec 2, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? 226 N. Paca St

Former or usual residence 226 N. Paca St

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden

DATE OF BURIAL, Dec 4, 191..

20-UNDERTAKER Chenowith & Son

ADDRESS Chestnut Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

156

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3405 Elgin Avenue, ST. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sara B. Jones,

(Residence in Baltimore: No. 3405 Elgin Avenue, St.; yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed,

6-DATE OF BIRTH, November, 31, 1860
(Month) (Day) (Year)

7-AGE, 55 yrs. 0 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Philalelphia, Pa.

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence W. Egan,

(Address) 3405 Elgin avenue.

15- ROBERT . KRAUTER,

Filed DEC 2 1915, 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 1st, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by illuminating gas,
(Suicide)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Melancholia,
(Duration) yrs. mos. ds.

(Signed) Frederick Kemper M. D.
(Coroner.)

Dec. 1st. 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 10 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Philadelphia, Pa.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Philadelphia Pa	Dec. 3 1915
20-UNDERTAKER Jos. P. Cook	ADDRESS 603 West Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90056 94 C90056

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 926 Harford Ave ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Foley

(Residence in Baltimore: No. 926 Harford Ave St.: 50 yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 1 —, 1835
(Month) (Day) (Year)

7-AGE, 80 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Francis Foley

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Maria Foley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Daniel Broderick

(Address) Catonsville Md.

15- DEC 2 - 1915 ROBERT J. KRAUTER, Filed ....., 191.... Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1915, to Dec 1 1915, that I saw h[er] alive on Nov 30 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema Lungs

(Duration) yrs. mos. 1 ds.

(Signed) Dr Benj Dorsey M. D.

12/1, 1915. (Address) 914 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Dec 3, 1915
20-UNDERTAKER	**ADDRESS**
H. C. Hirschfeld	914 Gruman St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90057 C90057

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1631 Lancaster St.; V Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Butka

(Residence in Baltimore: No. 1631 Lancaster St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wh'e

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known, 1877.
(Month) (Day) (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): R.R.

9-BIRTHPLACE, (State or Country), Russian Poland.

PARENTS.

10-NAME OF FATHER, Bartlomiej Butko

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Amiela Hajdukowski

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Butko

(Address) 1631 Lancaster St.

15- DEC 2 - 1915 ROBERT . KRAUTER,
Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 1 (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1915, to Dec 1 1915, that I saw h— alive on Dec 1 1915, and that death occurred, on the date stated above, at 10-45 p m.

The CAUSE OF DEATH* was as follows:

Croupous Pneumonia - Double -

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Dec 2, 191 5. (Address) 125 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Dec 4, 1915

20-UNDERTAKER William Fialkowski

ADDRESS 1618 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Szczepan Piszkiewicz

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90038 170 C90058

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Szczepan Piszkiewicz Piszkiewicz

(Residence in Baltimore: No. 631 Patterson Park Ave. St.; 25 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: Not Known (Month), (Day), 1868 (Year)

7-AGE: 47 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Copper Works

9-BIRTHPLACE, (State or Country): Galicia Austria.

PARENTS.

10-NAME OF FATHER: Ignatius Piszkiewicz

11-BIRTHPLACE OF FATHER (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Mary Zaczek

13-BIRTHPLACE OF MOTHER (State or Country): Austria Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Ignatius Piszkiewicz

(Address): 631 Patterson Park Ave

15- Filed DEC 2 - 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1915, to Nov. 30 1915, that I saw h.... alive on Nov. 30, 1915 and that death occurred, on the date stated above, at 6.42 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary), Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

11-3-A, 191.5 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence 631 S. Patterson Park Ave.

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Dec. 3, 191..

UNDERTAKER William Kaczorowski ADDRESS 1618 Eastern Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Charles Wilkens

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90059 C90059

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 37

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wilkens

(Residence in Baltimore: No. 726 S. Broadway. St.; 20 yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August (Month) 4 (Day), 1867 (Year)

7-AGE, 48 yrs. 2 mos. 29 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ga.

PARENTS.

10-NAME OF FATHER, Chas. Wilkens

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Wells

(Address) Johns Hopkins Hosp.

15- ROBERT J. KRAUER, Filed DEC 2 - 1915 191. Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15 1915, to Dec 2, 1915, that I saw h alive on Dec. 2 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Arteriosclerosis

Myocarditis Interstitial

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) yrs. mos. ds.

(Signed) P. W. Lebough M. D.

Nov. 15, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 17 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 726 S. Broadway

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, 12/5/1915

20-UNDERTAKER Chas. E. Evans & Son — ADDRESS 1180 W. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90060 C90060

CERTIFICATE OF DEATH.

4

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 S. Payson St ST.: 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Ohle

(Residence in Baltimore: No. 8 S. Payson St.: 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, January 11th, 1856
(Month) (Day) (Year)

7-AGE, 59 yrs. 10 mos. 20 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House-wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Mohr

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Adam Ohle

(Address) S. S. Payson St

15- DEC 2 - 1915 ROBERT J. KRAUTER,
Filed....., 191.... Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 10 1915, to Nov 30 1915, that I saw h.r alive on Nov 30 1915, and that death occurred, on the date stated above, at 4-10 A.m.

The CAUSE OF DEATH* was as follows:

Intermittant Malarial Fever.

(Duration) 1 yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia.

(Duration) 1 yrs. mos. 2 ds.

(Signed) Henry Le. Ohle M. D.

Nov. 30., 1915. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In this State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Dec 3, 1915

20-UNDERTAKER Geo a Gerber ADDRESS Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90061 100 C90061

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Rosedale Estate (Walbrook) ST.; 5 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Elizabeth Schultz

(Residence in Baltimore: No. Rosedale Estate Walbrook St.; yrs., mos. da.) Life

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Aug 6, 1908 (Month) (Day) (Year)

7-AGE, 7 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or ✓ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto, Md

PARENTS.

10-NAME OF FATHER: Peter N. Schultz

11-BIRTHPLACE OF FATHER (State or Country): Balto, Md.

12-MAIDEN NAME OF MOTHER: Frances Conroy

13-BIRTHPLACE OF MOTHER (State or Country): Erie, Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Childs Mother
(Address): Rosedale Estate

15- Filed DEC 2 - 1915, 191.. ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 18 1915, to Nov 30 1915, that I saw h.. alive on Nov 29 1915, and that death occurred, on the date stated above, at 6A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 14 da.

(Signed) John D. Thatcher M. D.

Dec 1, 1915. (Address) 100 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence ✓

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Dec 3, 1915

20-UNDERTAKER: Geo A Gerber — ADDRESS: Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

Wm M. Staly

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90062 C90062

CERTIFICATE OF DEATH. × 174

D

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Union Prot. Infirmary St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm M. Staly

(Residence in Baltimore: No. Union Protestant Infirmary St.; yrs., mos. 37 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH, Nov (Month) 24 (Day), 1857 (Year)

7-AGE, 61 yrs. — mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Rockmaster
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

9-BIRTHPLACE, (State or Country) Clarksburg, W. Va

PARENTS.

10-NAME OF FATHER, Edmond Staly

11-BIRTHPLACE OF FATHER (State or Country). Clarksburg, W. Va

12-MAIDEN NAME OF MOTHER Mary Hamilton

13-BIRTHPLACE OF MOTHER (State or Country). Morgantown, W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Union Protestant Inf

(Address) Division Street

15- DEC 2 - 1915 ROBERT . KRAUTER, Registrar.

Filed....., 19... Burial Permit Granted

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 21 1915, to Dec 2 1915, that I saw h[im] alive on Dec 2 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

Accident - Struck by a tool of a

Jeanes #1 (Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) ~~Non~~ Septicaemia following abscess on lower part of abdo

(Duration) yrs. mos. 7 ds.

(Signed) Thomas S. Chaffee M. D.

Dec 2, 1915 (Address) R. F. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 32 ds. In the State — yrs. — mos. 32 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Piedmont, W. Va.

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL, ..., 1915
Piedmont W. Va.	Dec 3
20-UNDERTAKER Jos B. Cook	ADDRESS 1003 W Balto St

(Over)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90063 C90063

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 880 N Fayette ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert J Carter

(Residence in Baltimore: No. 880 N Fayette St.; 25 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sing[illegible]

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 37 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar tender
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Frederick Md.

PARENTS.

10-NAME OF FATHER, Boston Carter

11-BIRTHPLACE OF FATHER (State or Country), Md,

12-MAIDEN NAME OF MOTHER Emma [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), Md,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Emma Carter
(Address) 880 N Fayette St

15- DEC 2 - 1915 HOBART . KRAUTHS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Never 191[illegible], to Nov 30 191[illegible], that I saw h[illegible] alive on Nov 30 191[illegible], and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uremia (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage (Duration) yrs. mos. 3 ds.

(Signed) W D Norwood M. D.

Nov 1, 191[illegible] (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem

DATE OF BURIAL, Dec 3, 191[illegible]

20-UNDERTAKER J Albert & Son

ADDRESS 1611 Madison Ave

R. S. 5.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90061 64 C90061

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1100 W. Hamburg St.; 21 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Herbert

(Residence in Baltimore: No. 1100 W. Hamburg St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, Dont Know, ... (Month) (Day) (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: John Herbert

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Dont know

13-BIRTHPLACE OF MOTHER (State or Country): Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bridget Howe

(Address) 1100 W. Hamburg St

15- Filed DEC 3 - 1915, 191.. HARRY C. MORRIS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1915, to Nov 30 1915, that I saw him alive on Nov 30 1915, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 1 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) mos. 1 ds.

(Signed) Jas. H. O'Donnell M. D.

Dec 2, 1915. (Address) 107 E. Mat St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL, Dec 3, 1915.

20-UNDERTAKER H. J. McGuire Flynn

ADDRESS 1423 Light St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C80065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hospt ST., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L. Foley.

(Residence in Baltimore: No. 630 S. Payson. St. 4 yrs., 10 mos., 10 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, Jan. (Month) 22nd (Day), 1911 (Year)

7-AGE, 4 yrs. 10 mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto City

PARENTS.

10-NAME OF FATHER, Patrick F. Foley.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Carrie Shrot

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Patrick F. Foley
(Address) 630 S. Payson St.

15- Filed DEC 3 - 1915, 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Burns, Playing with Matches / Accident
(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary)
(Duration) .... yrs. .... mos. .... ds.

(Signed) Saml Hunting M. D. (Coroner)
Dec. 3rd, 1915. (Address) 2302 Madison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .... yrs. .... mos. 2 ds. In the State 4 yrs. 10 mos. 10 ds.
Where was disease contracted, if not at place of death? 630 S. Payson St
Former or usual residence 630 S. Payson St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Dec. 4, 1915

20-UNDERTAKER John B. Fields ADDRESS 1200 W. Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1507 August St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Sadie Krieger

(Residence in Baltimore: No. 1507 August St.; yrs., mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 4 2 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesgirl
(b) General nature of industry, business, or establishment in which employed (or employer)..... Merchant

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Krieger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louise Mohr

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Otto Molz

(Address) 1507 August St

15- DEC 3 - 1915, 191.. MARY O. ANDREWS, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 2nd, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D. (Coroner.)

....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Dec 4, 1915
20-UNDERTAKER	ADDRESS
Henry Storch & Son	1301 E. Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

C90057 — 28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2229 Walbrook Ave St.; 15 WARD)

REGISTERED No. C90057

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Simon Harris

(Residence in Baltimore: No. 2229 Walbrook Ave St.; 19 yrs., mos. ds.)

N.B.—Entries of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1896 (Year)

7-AGE, 51 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Lippa Harris

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Boho

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Levin

(Address) 1419 E Baltimore St

15- Filed DEC 3 - 1915, 191... MARY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 191..., to Dec 2 191..., that I saw him alive on Dec 2 191..., and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Tuberculosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (Duration) yrs. 1 mos. ds.

(Signed) Henry Lyon Friedberg M. D.

1913..., 191.5. (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd

DATE OF BURIAL, 12/3..., 191...

20-UNDERTAKER Jack Levin

ADDRESS 1419 E Balt

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90068 C90068

CERTIFICATE OF DEATH.

REGISTERED NO. C 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Wyeth ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hebe Davis

(Residence in Baltimore: No. 511 Wyeth St.; 2 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... January (Month) 7 (Day), 1912 (Year)

7-AGE, 3 yrs. 10 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Washington DC

PARENTS.

10-NAME OF FATHER, Joseph F Davis

11-BIRTHPLACE OF FATHER (State or Country) Washington DC

12-MAIDEN NAME OF MOTHER Ruth Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Washington DC

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth Davis

(Address) 511 Wyeth

15- Filed DEC 3 - 1915, 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 3rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1915, to Dec 3rd 1915, that I saw him alive on Dec 3rd 1915, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Diphtheria Laryngeal
(Tracheotomy done)
(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchial Obstruction
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Richard D Dunn M. D.

Dec 3..., 1915 (Address) 1727 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Dec 4, 1915

20-UNDERTAKER Williams Cook

ADDRESS 502 E Natl Ave

11 A M

I. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILED

3973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X172

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. St. Joseph Hospital ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phoebe E. Chenvront

(Residence in Baltimore: No. 42 Main St Hillsdale Md St., yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, April ?, 1838.
(Month) (Day) (Year)

7-AGE, 77 yrs. 8 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) West Virginia

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country) Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas W. Chenvront

(Address) 42 Main St

15- Filed DEC 3 - 1915 MARY O. MILLER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 1st, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture (base) of Pelvis

(Duration) yrs. 1 mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Dec 3, 1915. (Address) Hillsdale Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State unknown yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Hillsdale Md

Former or usual residence Hillsdale Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem	Dec 4, 1915
20-UNDERTAKER	**ADDRESS**
Noll Cook	Fore North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

K.S.A. COPY

C90070

HEALTH DEPARTMENT---CITY OF BALTIMORE

C90070

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED NO. C 79

CITY OF BALTIMORE: (No 321 S Calhoun St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Gardner

(Residence in Baltimore: No. 321 S. Calhoun St. Life time yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Not known, 1 (Month) (Day) (Year)

7-AGE 63 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Com. Merchant

9-BIRTHPLACE (State or country) Balto City Maryland

PARENTS

10-NAME OF FATHER Michael Gardner

11-BIRTHPLACE OF FATHER (State or country) Not known

12-MAIDEN NAME OF MOTHER Mary King

13-BIRTHPLACE OF MOTHER (State or country) Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs M. Gardner

(Address) 321 S Calhoun Ave

15- [illegible] Filed DEC 3 - 1915 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov- 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-8, 1914, to, 11-29 1915, that I saw him alive on 11-29 1915, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) yrs mos. 7 ds.

Contributory (SECONDARY) Chronic cardelitis

(Duration) 2 yrs mos. ds.

(Signed), J E Gately M. D.

12-2 1915 [Address] 1115 S Bdway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec 3, 1915

20-UNDERTAKER H. Allen Fuller

ADDRESS 3515 Springdale Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90071 — 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705. N. Carey ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine B. Tuohy

(Residence in Baltimore: No. 1705. N. Carey St.; 36 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dec (Month) 4th (Day) 1878 (Year)

7-AGE, 36 yrs. 11 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Cumberland Md.

PARENTS.

10-NAME OF FATHER, Robert Kline

11-BIRTHPLACE OF FATHER (State or Country), Cumberland Md.

12-MAIDEN NAME OF MOTHER Katherine Kline

13-BIRTHPLACE OF MOTHER (State or Country) Cumberland Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Tuohy

(Address) 1705 N. Carey St.

15- Filed DEC. 3 - 1915 MARY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 2nd (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 21st 1915, to Dec 2nd 1915, that I saw h-e alive on Dec 2nd 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) A. St. Thesis

(Duration) ..... yrs. ..... mos. 11 ds.

(Signed) William Schneiman M. D.

Dec 3rd, 1915. (Address) 1701 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Dec 6, 1915.
20-UNDERTAKER H. W. Gaither	ADDRESS 1221 Mt. Regal Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C90072 HEALTH DEPARTMENT—CITY OF BALTIMORE 45 C90072

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 E. Lanvale ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto L. Gehrmann.

(Residence in Baltimore: No. 1420 E Lanvale St. St. 25 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 12, 1870 (Month) (Day) (Year)

7-AGE, 45 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Charles Gehrmann

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Kohe

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Gehrmann

(Address) 1420 E. Lanvale

15-

Filed DEC. 3 - 1915 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1915, to Nov 30 1915, that I saw h[illegible] alive on Nov 30 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Paroma of Neck

Duration 8 days

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E A Schultz M. D.

Dec 2, 191.. (Address) 1511 N Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Mathews Cemetery	Dec 5, 1915
20-UNDERTAKER	ADDRESS
George J. Roth.	1735 Harford ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C90073 C90073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.: 2 WARD)

2-FULL NAME Margaret Duly

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 713 S Ann St. St.: 34 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec (Month) 3rd (Day), 1879 (Year)

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know.

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dounick Only.

(Address) 713 S. Ann St.

15- DEC 3 - 1915 Filed, 191 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 28 1915, to Dec. 1 1915, that I saw h e alive on Dec 1 1915, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Dysphoid Fever

Lobar Pneumonia -

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 4 ds.

(Signed) O Kleinhardt M. D.

Dec 1, 1915. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 34 yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 713 S Ann St.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Dec 5; 1915

20-UNDERTAKER M F Sadowski ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Blks.

C90074

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90074

CERTIFICATE OF DEATH. 18 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Appleton ST.; 21 X WARD) REGISTERED No. C

2-FULL NAME Susie Ware

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 407 N Appleton St.; 2 yrs., 6 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Unknown 1885
(Month) (Day) (Year)

7-AGE, 30 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer): Ladies

9-BIRTHPLACE, (State or Country), Rockland Co. Virginia

PARENTS.

10-NAME OF FATHER, Alfred Ware

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Callie Dean

(Address) 648 Robert St

15- DEC 3 - 1915

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 30, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 26th 1915, to Nov 30 1915, that I saw her alive on Nov 30 1915, and that death occurred, on the date stated above, at 10:15 P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) yrs. mos. 8 da.

CONTRIBUTORY (Secondary) Colds

(Duration) yrs. mos. 8 da.

(Signed) W. C. Campbell M. D.

Dec. 1st, 1915. (Address) 136 N. Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Stokes, Rockland Co., Va. DATE OF BURIAL, Dec. 2nd, 1915.

20-UNDERTAKER Geo. A. Holland ADDRESS 517 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90075

CERTIFICATE OF DEATH.

82 C90075

REGISTERED No. C_____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Saunders

(Residence in Baltimore: No. 506 N. Bethel St. St.; 10 yrs. V mos. V ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1880 (Year)

7-AGE, 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps

(Address) Johns Hopkins Hosp.

15 DEC 3 - 1915

Filed ..... 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 2, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 20 1915, to Dec 2 1915, that I saw him alive on Dec 2 1915, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

a. Abscess of liver

b.

c.

(Duration) ..... yrs. 3 ?? mos. ..... ds.

CONTRIBUTORY (Secondary) Thrombosis of Brain

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) G. L. Rhodes M. D.

Dec 7, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 12 ds. In the State 35 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 506 N. Bethel St.

19-PLACE OF BURIAL OR REMOVAL, Cambridge Md

DATE OF BURIAL, Dec. 4, 1915

20-UNDERTAKER Jas H. Bradrick

ADDRESS 142 W. Hoffman

Spec.—5-19-13—M. & T.—500 Bks.

C90076

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90076

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 E. Monument ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony J. Jaeckoch

(Residence in Baltimore: No. 1916 E. Monument St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February (Month) 13th (Day) 1861 (Year)

7-AGE, 54 yrs. 9 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Baker.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Theodor Jaeckoch

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Mary Kiefer

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dorothea Jaeckoch

(Address) 1916 E. Monument St.

15 DEC 3 - 1915 Burial Permit Clerk

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 30th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 1915, to Nov-30 1915, that I saw him alive on Nov-30th 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Colon Rectum

Pleural Hemorrhage

Uremia

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Incarceration

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albertus Cattus M. D.

Dec-3rd, 1915. (Address) 1303 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Dec. 4th, 1915

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 N. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

Genevieve Leibig

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 839 N. Patterson Park Ave. WARD) 7

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genevieve Leibig

(Residence in Baltimore. No. 839 N Patterson Park St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Feb 21, 1915
(Month) (Day) (Year)

7-AGE. — yrs. 9 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country). Md Balto Md

PARENTS.

10-NAME OF FATHER. Andrew Leibig

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Elizabeth Leibig

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Leibig

(Address) 1720 E. Monument St

15-

Filed DEC 3 - 1915 19... KIRBY O ARLETTS, Asst Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 2, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 28 1915, to Dec 2 1915, that I saw h[er] alive on Dec. 1 1915, and that death occurred, on the date stated above, at 2300 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) —

(Duration) — yrs. — mos. — ds.

(Signed) Emil Novak M. D.

Dec 2, 1915. (Address) 823 N Pat Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem	Dec 3, 1915
20-UNDERTAKER	ADDRESS
Fally & Jule	403 S Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90073 C90073

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Cleveland ST.; 21 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Judd.

(Residence in Baltimore: No. 1212 Cleveland St.; yrs.. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 8, 1892 (Month) (Day) (Year)

7-AGE, 23 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shirt
(b) General nature of industry, business, or establishment in which employed (or employer): Maker

9-BIRTHPLACE, (State or Country), Md City

PARENTS.

10-NAME OF FATHER Chas Purs Judd

11-BIRTHPLACE OF FATHER (State or Country), Md City

12-MAIDEN NAME OF MOTHER Sarah Hammond

13-BIRTHPLACE OF MOTHER (State or Country), Md City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Chas. F. Judd

(Address).....

15-DEC 3 - 1915 Filed....., 191.... EARL O. ARNOLD Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 2, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1915, to Dec 2 1915; that I saw her alive on Dec 2 1915; and that death occurred, on the date stated above, at 100 m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion of Toxaemia

(Duration) yrs. mos. 4 ds.

(Signed) J. M. Lumpkin M. D.

Dec 3, 1915 (Address) 826 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem DATE OF BURIAL, Dec 3, 1915

20-UNDERTAKER W. Burmeister ADDRESS Norham

3 P.M.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 C90073

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward R. Bacon

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ....yrs., ...mos. 44 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Widower

6-DATE OF BIRTH, November (Month) 22 (Day) 1846 (Year)

7-AGE, 69 yrs. 0 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work R. R.
(b) General nature of industry, business, or establishment in which employed (or employer) Director

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, David R. Bacon

11-BIRTHPLACE OF FATHER (State or Country), ~~Elizabeth Rathbone~~ don't know N.Y.

12-MAIDEN NAME OF MOTHER Elizabeth Rathbone

13-BIRTHPLACE OF MOTHER (State or Country), don't know N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. C. Dellmann

(Address) New York City

15- Filed DEC 3 - 1915, 191.. HARRY O. ARCHER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 2 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 28 1915, to Dec. 2 1915, that I saw him alive on Dec 2 1915, and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Abdominal abscess

Peritonitis following operation

per (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Senility & Hyp. colon

(Duration) 2 yrs. 9 mos. ....ds.

(Signed) W. S. Dandy M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. 4 ds.

Where was disease contracted, if not at place of death? New York City

Former or usual residence New York City

19-PLACE OF BURIAL OR REMOVAL, New York City — DATE OF BURIAL, 12-3, 1915

20-UNDERTAKER Henry W. Jenkins Sons & — ADDRESS McCulloh & Arch Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-18-13—M. & T.—500 Bks.

C90080

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90080

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S Carlton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora C Eckert.

(Residence in Baltimore: No. 124 S Carlton St St.; life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 17, 1894
(Month) (Day) (Year)

7-AGE, 21 yrs. 8 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Frederick Knopfel

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Elizabeth Knopfel

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Miller

(Address) 20 E. Hamilton St

15-

Filed..... DEC 3 - 1915 ..... 1915.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 2nd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1915, to Dec 2nd 1915, that I saw her alive on Dec 1st 1915, and that death occurred, on the date stated above, at 11:25 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) yrs. 3 mos. ds.

(Signed) Sigmund Dam M. D.

Dec 2, 1915. (Address) 1317 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Dec 5, 1915

20-UNDERTAKER F. B. Keppert

ADDRESS 2738 Frederick Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

C90081

80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 N. Caroline ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May Kain

(Residence in Baltimore: No. 1401 N. Caroline St.; ....yrs.. ....mos. ....ds.)

unknown

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Oct (Month), 1 (Day), ... (Year)

7-AGE, About 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Fred A Kain

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rubina Wiegand

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia B. Kain

(Address) 125 N. Luzerne Ave.

15- DEC 2 1915 Burial Permit Clerk's.

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Dec 1 1915, that I saw h[illegible] alive on Dec 1 1915, and that death occurred, on the date stated above, at 11.42 p m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ? yrs. ? mos. 1 ds.

CONTRIBUTORY (Secondary) Asthma Bronchiale

(Duration) ? yrs. ? mos. 1 ds.

(Signed) John D. Finley M. D.

12/2, 1915. (Address) 1223 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park	Dec 4, 1915

20-UNDERTAKER	ADDRESS
Chas. S. Fleming	1738 E. Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 S. Washington St.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Hack

(Residence in Baltimore: No. 114 S. Washington St.; 38 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June (Month) 21 (Day), 1836 (Year)

7-AGE, 79 yrs. 5 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christopher Hack

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Barbara Weniger

(Address) 114 S. Washington St.

15- DEC 3 - 1915 Filed ....., 191.... Sarah Forall Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 16 1915, to Nov. 30 1915, that I saw her alive on Nov 29 1915, and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Ellenberg M. D.

Dec. 2 1915 (Address) 1810 Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Dec. 4, 1915.

20-UNDERTAKER Jos. J. Burr 1914 E. Fayette st.

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90033 C90033

CERTIFICATE OF DEATH.

61

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Orleans ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Goldsborough

(Residence in Baltimore: No. 1318 Orleans St.; 8 yrs., — mos., — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown ....., 18..... (Month) (Day) (Year)

7-AGE, 21 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... general housework

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Goldsborough

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Laura Bladen

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Goldsborough Sr

(Address) 1318 Orleans St

15- Filed DEC 3 - 1915 KAISER C. ANDREAS, Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 1, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1915, to Dec 1 1915, that I saw her alive on Dec 1 1915, and that death occurred, on the date stated above, at 8:20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Meningitis

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) — yrs. — mos. 1 ds.

(Signed) W. C. Harris M. D.

Dec 3, 1915. (Address) 716 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dickeyville Md | Mountain View Cem | DATE OF BURIAL, Dec 6, 1915

20-UNDERTAKER John W Henderson | ADDRESS 319 Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

C90084

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90084

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 N. Caroline ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie M. Lindner

(Residence in Baltimore: No. 1634 N. Caroline st St.; 21 yrs., 7 mos. 8 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 24th (Day) 1894 (Year)

7-AGE, 21 yrs. 7 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John D Borcherding

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wilhelmina Hahn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Lindner

(Address) 1634 N Caroline st

15- Filed DEC 4 - 1915, 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1915, to Dec 2 1915, that I saw h[illegible] alive on Dec 1 1915, and that death occurred, on the date stated above, at 12.15 A.M.

The CAUSE OF DEATH* was as follows:

[illegible] Pulmonary Tuberculosis

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Harvey B. Dea M. D.

Dec 7, 1915 (Address) 20 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Dec 4th, 1915.
20-UNDERTAKER George Schilling & Bond	ADDRESS 1126 E Monument St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C90085

C90085

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospl St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mary Elizabeth Barnes

(Residence in Baltimore: No. 914 Jordan St. St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH,

....., 1.....
(Month) (Day) (Year)

7-AGE,

.....yrs. 9 mon.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Alice Barnes

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. L. Wright

(Address) Md General Hospital

15- Rec. DEC 4 - 1915 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 12; 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 22 1915, to Dec. 12 1915, that I saw h er alive on Dec. 12 1915, and that death occurred, on the date stated above, at 5.45 P.m.

The CAUSE OF DEATH* was as follows:

.....Prolapsus recti.....

.....

..... (Duration).....yrs.....mos. 10 ds.

CONTRIBUTORY (Secondary) Neoplasm

..... (Duration).....yrs. 1 mos.....ds.

(Signed) Frank E Stiplen M. D.

Dec 12 1915. (Address) Md Gen Hospl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 9 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 914 Jordan St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

COLLEGE OF P. & S. DEC 3 - 1915

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Blks.

C90086 C90086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 N Patterson Park Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Wallace Bonday.

(Residence in Baltimore: No. 129 N. Patterson Park Ave St.: ... yrs. ... mos. ... da.)

Life

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January (Month) 18 (Day), 1855 (Year)

7-AGE, 60 yrs. 9 mos. 16 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Superintendent
(b) General nature of industry, business, or establishment in which employed (or employer): Salt Wharf

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James Bonday

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Catherine Brenner

13-BIRTHPLACE OF MOTHER (State or Country), America

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Bondays (brother)

(Address) 129 N Patterson Park Ave

15- DEC 4 - 1915 Filed ....., 191.. ROBERT . KRAUTH, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 3 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec. 2 1915, to Dec. 3 1915, that I saw him alive on Dec. 2 1915, and that death occurred, on the date stated above, at 12.30 Pm.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2 Days

(Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. ... mos. ... da.

(Signed) H. B. Kelly M. D.

12/3, 191.5 (Address) 200 N. Patt. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Dec 5, 191..

20-UNDERTAKER W E Hughes

ADDRESS 17 S Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90087 C90087

CERTIFICATE OF DEATH.

× 146

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie McDaniels

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ..... yrs. 3 mos. 24 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	married

6-DATE OF BIRTH, December 1, 1894.
(Month) (Day) (Year)

7-AGE, 21 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Tennessee

PARENTS.

10-NAME OF FATHER, Chas Shorcraft

11-BIRTHPLACE OF FATHER (State or Country), Tenn

12-MAIDEN NAME OF MOTHER Eva Turner

13-BIRTHPLACE OF MOTHER (State or Country), Tenn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- FILED DEC 4 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1915, to Nov 29 1915, that I saw her alive on November 29 1915, and that death occurred, on the date stated above, at 4 20 a.m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of Vertebra

(Duration) ..... yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary)

Empyema (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) G. A. R. Rhodes M. D.

Nov 29 1915 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. 24 ds. In the State ..... yrs. 3 mos. 24 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 106½ E State St Bristol Tenn

19-PLACE OF BURIAL OR REMOVAL, Bristol Tennessee | DATE OF BURIAL, Dec 4 1915

20-UNDERTAKER McGinnis & Carroll | ADDRESS 508 N Potomac

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90083 C90083

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 Lindenwood ST.: 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Kraft

(Residence in Baltimore: No. 217 Lindenwood St ST.; ..... yrs., Life mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... January (Month) 10 (Day), 1915 (Year)

7-AGE, ... yrs. 10 mos. 22 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Child

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Earle B. Kraft

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Bessie Goodrick

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Earl Kraft (Father)

(Address) 217 Lindenwood St

15- ROBERT J. KRAUTER Burial Permit Clerk

Filed DEC 4 - 1915 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec. (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Dec 2 1915, that I saw h[illegible] alive on Dec 2 1915, and that death occurred, on the date stated above, at 10:30 p.m.

The CAUSE OF DEATH* was as follows:

Resp. Convulsions

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Gastritis

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Williams P. Bonsparte M. D.

Dec 2, 1915 (Address) 2124 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Dec 4, 1915
20-UNDERTAKER	ADDRESS
Mrs A Rohdes Sons	730 Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 — 167

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. St. Joseph's Hospital ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Peratta

(Residence in Baltimore: No. St Leos Orphan Asylum, 112 N. Front St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	White	Single

6-DATE OF BIRTH, unknown, 1905
(Month) (Day) (Year)

7-AGE, 10 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: schoolchild
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS.

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, Joseph Peratta

11-BIRTHPLACE OF FATHER, (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Clara Pentilia

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev Father Rudd

(Address) 227 S. Eutaw

15- Filed DEC 4 - 1915, 191 ROBERT J. KRAUTER, Burial Permit Officer. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 2nd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns
caused by her clothing becoming ignited while throwing paper into a furnace
(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Wm M Savage M. D.
(Coroner.)
Dec 3rd, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 1 ds. In the State yrs. mos. ds. from birth

Where was disease contracted, if not at place of death?
112 N. Front St

Former or usual residence 112 N Front St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincents Cem	Dec 4, 1915
20-UNDERTAKER	ADDRESS
Randall Apple Son	37 S Howard St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90090 C90090

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 N Chapel St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy Robinson

(Residence in Baltimore: No. 1305 N Chapel St.; in Balto 4 yrs yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): widow

6-DATE OF BIRTH, Sept 20 (Month) (Day), 1915 (Year)

7-AGE, 11 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Laundry at Home

9-BIRTHPLACE, (State or Country): Balto city

PARENTS.

10-NAME OF FATHER: W. H Reed

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mary Goss

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Terrell

(Address) 1637 Mellenan St

15- Filed DEC 4 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 191 5, to Dec 3 1915, that I saw h m alive on Dec 1 1915, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia Heart failure

(Duration) yrs. mos. ds.

(Signed) Edward W Ferber M. D.

Dec 3 191.5 (Address) 1612 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid H — DATE OF BURIAL, Dec 5, 1915

20-UNDERTAKER C A Brandt & Son — ADDRESS 848 Mont

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

35

1-PLACE OF DEATH 876 W Balto St

REGISTERED NO. C 90091

CITY OF BALTIMORE: (No. ..... ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph V. Murphy

(Residence in Baltimore: No. 876 - W. Balto St.; 29 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 5th (Month) (Day), 1886 (Year)

7-AGE, 29 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman of Fish
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Patrick Murphy

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Quinn

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry B. Rogers

(Address) 1729 Slaughter Ave.

15- DEC 4 - 1915 Filed ....., 191.... Burial Permit Issued ROBERT A. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 2nd (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 17th 1915, to Dec 2nd 1915, that I saw h im alive on Nov 30th 1915, and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Disseminate Tuberculosis

(Duration) yrs. 2 mos. 16 ds.

CONTRIBUTORY (Secondary) Asthenia

Gradual (Duration) yrs. mos. ds.

(Signed) Gustav Wehmann M. D.

Dec. 3., 1915. (Address) 656 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Rosaries	Dec 4, 1915
20-UNDERTAKER J. Ahern & Co.	ADDRESS 1611 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90092 C90092

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.: 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Hecht.

(Residence in Baltimore: No. 206 Garrison Lane St.: 1 yrs. 1 mos. 15 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October 17, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Edward Hecht

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lilly Preston

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E W Hecht

(Address) 206 Garrison Lane

15- DEC 4 - 1915 Filed....., 191.... ROBERT . KRAUTH, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 2 191.5, to Dec 2 191.5, that I saw h.. alive on Dec 2 191.5 and that death occurred, on the date stated above, at 1.00 P.m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward A. Stuart M. D.

Dec 2, 191.5 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 206 Garrison Lane

Former or usual residence 206 Garrison Lane

19-PLACE OF BURIAL, OR REMOVAL, Western Cemetery | DATE OF BURIAL, Dec 4, 191.5

20-UNDERTAKER Lou Cook. | ADDRESS 502 E. North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 25

C90093 C90093

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 E Lafayette ST.; 12 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis V Phillips

(Residence in Baltimore: No. 302 E Lafayette Ave St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. August (Month) 7 (Day), 1879 (Year).

7-AGE. 36 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Isaac Phillips

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Alice Corcoran

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Tillyman

(Address) 302 E. Lafayette

15- DEC 4 - 1915 Filed....., 191.. ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 3rd (Month) (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 21st 1915, to Decemb 3rd 1915, that I saw h im alive on Decemb 3rd 1915, and that death occurred, on the date stated above, at 10.50 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Collapse

1

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) General Tuberculosis

(Duration) 2 yrs. mos. ds.

(Signed) Joseph B. Saunders M. D.

Dec 3rd, 1915 (Address) 2 E Centre St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore County DATE OF BURIAL. Dec 6., 1915

20-UNDERTAKER William Cook ADDRESS 502 E Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spct.—8-24-14—M. & T.—2000 Bks.

Rudolf Machovec

90091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

102

90091

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2417 E. Mc Elderry ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rudolf Machovec

(Residence in Baltimore: No. 2417 E. Mc Elderry St.; 31 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Not Known, ... (Month) ..... (Day) 1 (Year)

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Frank Machovec

11-BIRTHPLACE OF FATHER (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER Frances Stejanek

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Machovec

(Address) 2417 E. Mc Elderry St

15-

Filed DEC 4 - 1915, 191.. BURNETT, KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1915, to Dec 3 1915, that I saw h[illegible] alive on Dec 3 1915, and that death occurred, on the date stated above, at [illegible] 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia Contributory Influenza

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Contributory

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) [signature] M. D.

Dec 3, 1915 (Address) 804 S. Ellwood Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer

DATE OF BURIAL. Dec. 6, 1915

20-UNDERTAKER Frank Enoch & Son

ADDRESS 1904 Eastland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Josephine Brzezinski

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90035 × 91 C90035

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Josephs Hospital. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Josephine Brzezinski.

(Residence in Baltimore: No. St. Josephs Hospital St.; 45 yrs. — mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	white	widowed

6-DATE OF BIRTH, Sept. (Month) 22nd. (Day), 1850 (Year)

7-AGE, 65 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Alphonse Kooch.....

(Address) Masonville A.A. Co. Md.

15- SUBMIT . KRAUSE

Filed DEC 4 - 1915, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 29 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1915, to Nov. 29 1915, that I saw h.e alive on Nov. 29 1915, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

not known

Myocarditis (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Cardiac failure

hours — (Duration)..... yrs..... mos..... ds.

(Signed) O. J. Pentlandt M. D.

Nov 29, 1915. (Address) St. Josephs Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos. 4 ds. In the State 55 yrs..... mos..... ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence Masonville Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cemetery.	Dec. 4th, 1915.
20-UNDERTAKER	ADDRESS
Geo. L. Schwab & Bro.	2101 Fred'k Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90096

REGISTERED NO. C 92

1-PLACE OF DEATH
CITY OF BALTIMORE, No. 2025 Oak St. WARD 12

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Wright

(Residence in Baltimore. No. 2025 Oak St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 188[illegible]
(Month) (Day) (Year)

7-AGE, 29 yrs. ... mos. ... ds.
If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Laborer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John D. Wright

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Annie M. Dorkerson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M. Wright

(Address) 2025 Oak St

15-
Filed DEC 4 - 1915, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 2, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 25 1915, to Dec 2 1915, that I saw h[illegible] alive on Dec 2 1915, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Pericarditis

(Duration) ... yrs. ... mos. 2 ds.

(Signed) R. Garland Ashwell M.D.

Dec 3, 1915 (Address) 424 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cemetery

DATE OF BURIAL, Dec 5th, 1915

20-UNDERTAKER Felix D Pyle

ADDRESS 825 Mulberry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 15

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2206 E. Chase ST.; 8 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman L & Carrie Dorff (Infant)
(Residence in Baltimore: No. 2206 E. Chase St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December (Month) 2nd (Day), 1915 (Year)

7-AGE, 10 minutes yrs. mos. ds.
If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER, Herman L. Dorff

11-BIRTHPLACE OF FATHER (State or Country). New Jersey

12-MAIDEN NAME OF MOTHER Carrie Kordlander

13-BIRTHPLACE OF MOTHER (State or Country). North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Herman L. Dorff
(Address) 2206 Eldon St.

15- Dec 4 - 1915 191. Burial Permit Issued
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Premature birth
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Mother just got over attack of typhoid fever (Duration) yrs. mos. ds.
(Signed) Wm. Lee Savage M. D. (Coroner.)
Dec. 3rd, 1915 (Address) 729 W. Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartz's Lane — DATE OF BURIAL, Dec. 4, 1915

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 N Spring St.; 7 WARD)

REGISTERED No. C 28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Gales

(Residence in Baltimore: No. 720 N Spring St.; 22 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sugle

6-DATE OF BIRTH, [illegible] (Month) (Day) 1893. (Year)

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER, Samuel Gales

11-BIRTHPLACE OF FATHER (State or Country) Baltimore MD

12-MAIDEN NAME OF MOTHER Mary Washington

13-BIRTHPLACE OF MOTHER (State or Country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Gales

(Address) 720 N Spring

15-

Filed DEC 4 1915 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 2nd (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27 1915, to Dec 2nd 1915, that I saw him alive on Dec 2nd 1915, and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY. (Secondary) Bronchial trouble

(Duration) 6 yrs. mos. ds.

(Signed) Wm E Cantrell M. D.

Dec 4, 1915. (Address) 1569 N Eu

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Dec 5, 1915

20-UNDERTAKER Robert A. Hiatt — ADDRESS 58 N Eutaw

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1834 Gough St.; 2 WARD) REGISTERED No. C

2-FULL NAME Elizabeth M. Croghan

(Residence in Baltimore: No. 1834 Gough St. St.: 65 yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, May 17, 1839
(Month) (Day) (Year)

7-AGE, 76 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Roger Conner

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Betty Mitchell

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Delia Lauer

(Address) 1834 Gough St

15- Filed DEC 4 - 1915 191... Burial Permit [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1915, to Dec 2 1915, that I saw h/r alive on Dec 2 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
Chronic Nephritis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Fatality Compensation

(Duration) yrs. 4 mos. ds.

(Signed) Geo. Fetter M. D.

12-4, 191... (Address) 1937 Fourth St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem — DATE OF BURIAL, Dec. 6, 1915.

20-UNDERTAKER, Chas. F. Towne & Son — ADDRESS 1151 W. Mt Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C 9167

CITY OF BALTIMORE (No. 1735 Hanford Ave ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Peare

(Residence in Baltimore: No. 1735 Hanford Ave St.; yrs., 5 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April 24, 1838
(Month) (Day) (Year)

7-AGE, 77 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saw Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Peare

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ellen Mackintell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Peare

(Address) 1735 Hanford Ave

15- DEC 4 - 1915 GIVEN UNDER, Filed....., 191.. Burial Permit Clerk's Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 3rd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
Drowned in Patapsco River

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Shock and Exposure

(Duration) ....yrs....mos....ds.

(Signed) C. Gill Hemmeter M. D.
(Coroner.)
Dec 4th, 1915. (Address) 1 E. Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Dec 5, 1915
20-UNDERTAKER George J. Rutt	ADDRESS 1735 Hanford Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D

CERTIFICATE OF DEATH.

X 175

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Md Hosp ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tony Skokan

(Residence in Baltimore: No. Joint unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	?

6-DATE OF BIRTH, unknown, 1
(Month) (Day) (Year)

7-AGE, 30 (about) yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. J. Tyler M.D.

(Address) 242 W Hoffman St

15- DEC 4 - 1915
Filed ....., 191.... [illegible]
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
(Accident)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)
Nov 23 1915 (Address) 242 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....1..ds. In the State unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? Betcamp Md

Former or usual residence Staunton W Va

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem	Dec 4, 1915

20-UNDERTAKER Jas. Block ADDRESS 1003 W Baltimore St.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Baltimore, Dec. 7th, 1915.

This is to certify that in making out the death certificate of one Skokan, on November 15th, 1915, his first name was written "Tom upon misinformation to me. It should have been "John", and I authorize the change.

[signature]

Subscribed and sworn to before me this 9th day of December, 1915.

[signature]

Notary Public.

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90102 C90102

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 South ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Alice Stewart

(Residence in Baltimore: No. 1701 South St.; 6 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, October 6th (Month) (Day) 1870 (Year)

7-AGE, 36 yrs. 1 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seamstress.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, Irwin Stewart

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Oakley M.D.

(Address) 701 N. Gammon Ave

15- DEC 4 - 1915 Filed....., 191.

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 2nd (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2nd 1915, to Dec 2nd 1915, that I saw him alive on Dec 2nd 1915, and that death occurred, on the date stated above, at 8.05 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 hrs.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) yrs. mos. 10 ds.

(Signed) J. Howard Oakley M. D.

Dec 2nd, 1915. (Address) 701 N. Gammon Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem

DATE OF BURIAL, Dec 4th, 1915

20-UNDERTAKER George R. Holland

ADDRESS 517 Robert St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 820 N Dallas ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbarine Weitenbach

(Residence in Baltimore: No. 820 N Dallas St.: yrs. 60 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct 31 1830
(Month) (Day) (Year)

7-AGE, 85 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. Weitenbach

(Address) 820 N. Dallas St

15- DEC 4 - 1915

Filed ....., 191.. Burial Permit Issued

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 1, 191..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.)
find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward Reamy M. D.
(Coroner.)

Nov 2, 191.. (Address) 1 E. Madison St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Dec 4, 19..

20-UNDERTAKER	ADDRESS
Christian Miller	232 Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

C90104

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90104

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 Eastern Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie F. Lowry

(Residence in Baltimore: No. 2611 Eastern Ave. St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct 1st, 1864
(Month) (Day) (Year)

7-AGE, 51 yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Tilghmans Md.

PARENTS.

10-NAME OF FATHER, John Merritt

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co. Md.

12-MAIDEN NAME OF MOTHER Emily Sears

13-BIRTHPLACE OF MOTHER (State or Country), Talbot Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Lowry

(Address) 2611 Eastern Ave

15- DEC 4 - 1915 Burial Permit Clerk

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 3rd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1914, to Dec 2nd 1915, that I saw h[illegible] alive on Dec 1st 1915, and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis
Valvular disease of the Heart
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart
(Duration) yrs. mos. ds.

(Signed) Dr. T. M. Rohe M. D.

Dec 3rd 1915. (Address) 2930 Eastern Ave Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Tilghmans Md — DATE OF BURIAL, Dec 6, 1915

20-UNDERTAKER Tilly and Zeile — ADDRESS 1403 E. Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90105 — 172 — C90105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Elm Ave. ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susannah Schaeffer

(Residence in Baltimore: No. 3604 Elm Ave St.; 35 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct. (Month) 19 (Day), 1825 (Year)

7-AGE, 90 yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Daniel Stull

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Margaret Ritmyer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Schaeffer

(Address) 3604 Elm Ave.

15- Filed DEC 4 - 1915, 191. ALBERT O. ANDREAS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1914, to Dec 2nd 1915, that I saw h[er] alive on Dec 2nd 1915, and that death occurred, on the date stated above, at 11-5 A.m.

The CAUSE OF DEATH* was as follows:

Profusion of work of femur and debility, fracture thereof accidental fall

(Duration) 1 yrs. 4 mos. 12 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(Duration) yrs. mos. 3 ds.

(Signed) R. B. Kownut M. D.

Dec 3, 1915 (Address) 3347 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Paul (Arcadia Mausoleum), DATE OF BURIAL, Dec 5, 1915

20-UNDERTAKER Horace Dungee Son, ADDRESS 3631 Gallo Road

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(90106) (90106)

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Callow Ave ., St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emanuel J.Goldsmith,

(Residence in Baltimore: No. 2005 Callow Ave. St.; lifetime, yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White,	Single,

6-DATE OF BIRTH, Oct. (Month) 1st. (Day), 1868. (Year)

7-AGE, 47 yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Furniture
(b) General nature of industry, business, or establishment in which employed (or employer)..... dealer

9-BIRTHPLACE, (State or Country), Balto. Md.,

PARENTS.

10-NAME OF FATHER, Benjamin Goldsmith,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Henrietta Aierbach,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Kaufmann,
(Address) 2005 Callow Ave.

15-DEC 4 - 1915 [illegible]
Filed....., 191.... Burial Permit Gi...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 2nd. (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1915, to Dec 2 1915, that I saw h[illegible] alive on Dec 2 1915, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Uraemia Coma

(Duration) ✓ yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 5 mos. ✓ ds.

(Signed) Wm Lore M. D.

Dec 3, 1915. (Address) 836 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew

DATE OF BURIAL, Dec. 5th. 5, 191...

20-UNDERTAKER Harris Sondheim

ADDRESS [illegible]

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1527 Eutaw Place, St. 14 WARD) Registered No. C 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Strass,

(Residence in Baltimore: No. 1527 Eutaw Place, St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Widowed,

6-DATE OF BIRTH, January (Month) 14th (Day), 1856. (Year)

7-AGE, 59 yrs. 10 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Liquor dealer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Europe,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Sondheim, friend,

(Address) 118 W. Mount Royal Ave.,

15- Filed DEC 4 - 1915, 191.. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 3d (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis, (Duration) yrs. mos. ds.

(Signed) H. Roderick Kemp M. D.
(Coroner.)

Dec. 31, 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Har Sinai	Dec. 5, 1915
20-UNDERTAKER Harry Sondheim	ADDRESS 118 W. Mt. Royal Av

Spec.—8-24-14—M. & T.—2000 Blks.

C90103 HEALTH DEPARTMENT—CITY OF BALTIMORE C90103

CERTIFICATE OF DEATH. REGISTERED No. C 1120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S. Eden ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fradie Steinberg

(Residence in Baltimore: No. 208 S Eden St St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec — —, 1845. (Month) (Day) (Year)

7-AGE, 70 yrs. — mos. — ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Lewis

(Address)..... 1419 E Balto St

15- DEC 5 - 1915 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 3rd, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19th 1915, to Dec 3rd 1915, that I saw h[er] alive on Dec 3rd 1915, and that death occurred, on the date stated above, at 6.30 P.m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) Unknown yrs. mos. ds.

(Signed) A. T. Lee M. D.

Dec 4th, 191.5 (Address) 24 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Lehren Herron Co | DATE OF BURIAL, 12/5, 191.5

20-UNDERTAKER Jack Lewis | ADDRESS 1419 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90109 C90109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 2403 Harford Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Irving

(Residence in Baltimore: No. 2403 Harford Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. 20, 1840
(Month) (Day) (Year)

7-AGE, 74 yrs. 11 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Express man
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknow

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Vandenwood

(Address) 2403 Harford Ave

15- DEC 5 - 1915 Burial Permit Given

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1912, to Dec. 4. 1915, that I saw h[illegible] alive on " " 1915, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) 1 yr. 6 mos. ds.

(Signed) Isaac H. Hartman, M. D.

Dec 5., 191.. (Address) 1121 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Dec. 4....., 1915

20-UNDERTAKER Albert C Fuller — ADDRESS 224 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Crawford Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry August Harig. (Harig)

(Residence in Baltimore: No. 620 Crawford Ave St.: 56 yrs., 2 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 8th, 1859 (Month) (Day) (Year)

7-AGE, 56 yrs. 2 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER (State or Country), Dont know

12-MAIDEN NAME OF MOTHER Md

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Harig

(Address) 620 Crawford Ave

15- Filed DEC 5 - 1915, 191.. Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 4th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25th 1915, to December 4th 1915, that I saw her alive on Dec 4th 1915, and that death occurred, on the date stated above, at 4:20 PM

The CAUSE OF DEATH* was as follows:

Chronic Coronary Endocarditis Nephritis

Dilatation of Left ventricle

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Thrombosis

(Duration) 7 yrs. ... mos. ... ds.

(Signed) Geo. A. Langsdorf M. D.

Dec 4th, 1915. (Address) 1537 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Mt Olivet Cem. DATE OF BURIAL, Dec 7, 1915.

20-UNDERTAKER William Cook ADDRESS 502 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Dr Semmo 1025 N. Wolfe

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 Milton ave ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gwendolyn Marie Waldeck

(Residence in Baltimore: No. 1833 N. Milton ave St. ... yrs. ... mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov 14, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ... mos. 19 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Charles E Waldeck

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Marie Goeller

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Waldeck

(Address) 1833 N. Milton ave

15- DEC 5 - 1915 Burial Permit Clerk

Filed ..., 191 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 2, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 2 1915, to Dec 2 1915, that I saw her alive on Dec 3 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

1 Catarrhal Pneumonia

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Congestion of Lungs

(Duration) ... yrs. ... mos. 2 ds.

(Signed) Thomas ... M. D.

..., 191... (Address) 1025 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Dec 5, 1915

20-UNDERTAKER William Cook

ADDRESS 592 E North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 509 S. Linwood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Hartman

(Residence in Baltimore: No. 509 S. Linwood Ave St.; life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: Feb. 26 (Month) (Day) 1889 (Year)

7-AGE: 26 yrs. 10 mos. 7 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto, Md.

PARENTS

10-NAME OF FATHER: Calvert Kastner

11-BIRTHPLACE OF FATHER (State or country): New York

12-MAIDEN NAME OF MOTHER: Mary Sherman

13-BIRTHPLACE OF MOTHER (State or country): New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Sherman

(Address) 509 S Linwood Ave

15- Filed DEC 5 - 1915, 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August, 1915, to, December 2 1915, that I saw her alive on December 1st 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

Indefinite (Duration) yrs. mos. ds.

Contributory (SECONDARY) Laryngeal + Pulmonary Pthisis

Indefinite (Duration) yrs. mos. ds.

(Signed) J. Albert Miller M. D.

Dec. 2nd 1915 [Address] 2739 Eastern ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Dec. 6, 1915
20-UNDERTAKER	ADDRESS
Robt. T. D. Turner	Broadway & Oliver

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90113 C90113

CERTIFICATE OF DEATH.

50

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 144 S. Robinson St. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Weitzel

(Residence in Baltimore: No. 144 S. Robinson St. St.; Life ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) married

6-DATE OF BIRTH, May 4 (Month) (Day), 1860 (Year)

7-AGE, 55 yrs. 6 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Benjamin Graham

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary E. Graham

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Weitzel

(Address) 144 S. Robinson St.

15- DEC 5 - 1915 Filed ....., 191.. ALBERT S. MORRIS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 2 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 21 1915, to Dec 2 1915, that I saw h.. alive on Dec 2 1915, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Bastwell M. D.

Dec 4, 1915. (Address) 3927 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dr Mt. Hope. DATE OF BURIAL, Dec. 5, 1915.

20-UNDERTAKER Robt G. Turner ADDRESS 1421 E. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90114

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kagle

(Residence in Baltimore: No. 2502 Aliceen St.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, May 13 (Month) (Day), 1845 (Year)

7-AGE, 70 yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or ...mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jer Kagle

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Schaffer

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Jos Kagle

(Address) 250 E Duncan St.

15- DEC 5 - 1915 191.. (Burial Permit Clerk)

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 4, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 5 1915, to Dec. 4 1915, that I saw h[illegible] alive on Dec 4 1915, and that death occurred, on the date stated above, at 2.50 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) 1 day

CONTRIBUTORY (Secondary) Arteriosclerosis (Duration) yrs. 14 mos. ds.

(Signed) [illegible] M. D.

..., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. 24 ds. In the State [illegible] yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 250 E. Duncan St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery DATE OF BURIAL, Dec 7 1915

20-UNDERTAKER Gobt F Turner ADDRESS 1422 W Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 90115 C 90115 × 43

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C

CITY OF BALTIMORE: (No. 1514 Division St. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. ~~Emma~~ R Eliot (Gertrude)

(Residence in Baltimore: No. Union Protestant Infirmary St.; ..... yrs., ... mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept (Month) 19 (Day), 1865 (Year)

7-AGE, 50 yrs. 2 mos. 16 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Vocal instructor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York.

PARENTS.

10-NAME OF FATHER, Mason L Davis

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Lucia E Armstrong

13-BIRTHPLACE OF MOTHER (State or Country), New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) O E Ulzmann

(Address) U P I

15- Filed DEC 5 - 1915, 191... Harry O Andrews, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 18 1915, to Dec 3 1915, that I saw h~~er~~ alive on Dec 3 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary embolism — Hæmorrhage — pt. was convalescing from an operation for removal of breast and died suddenly without any untoward symptoms (Duration) yrs. mos. Embolism 5 ds.

CONTRIBUTORY (Secondary) None known (Duration) Carcinoma yrs. 1 mos. ds.

(Signed) O. E. Ulzmann M. D.

Dec 3, 1915. (Address) Union Prot. Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at place of death

Former or usual residence Jackson, Miss.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, Dec 5th, 1915

20-UNDERTAKER Jos R. Cook & Co. ADDRESS 603 N Gilmor St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90116

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

37

C90116

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 502 W 27th ST.; 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Harry A Pearce

(Residence in Baltimore: No. 502 W 27th St.; 2 yrs. 7 mos. 20 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: ~~Dec~~ Apl 14, 1913 (Month) (Day) (Year)

7 AGE: 2 yrs. 7 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Phillip Henry Pearce

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Florence Parker

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Florence Pearce

(Address) 502 W 27th St.

15 DEC 5 - 1915 Filed ....., 191.... HARRY O ANDREAS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 4, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1915, to Dec 4 1915, that I saw h— alive on Dec 3, 1915, and that death occurred, on the date stated above, at 5-30 p m.

The CAUSE OF DEATH* was as follows:

Ascites
Probably Congenital Lues (Duration) yrs. mos. 35 ds

Contributory (SECONDARY) Hepatitis (Duration) yrs. mos. — ds.

(Signed) Hans C. Klein M. D.

Dec 5, 1915 (Address) 3640 Ritchie Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St. Mary's Cemetery

DATE OF BURIAL: Dec. 5, 1915

20 UNDERTAKER: Naylor & Co

ADDRESS: 1003 West Baltimore St

C90117

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C90117

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 19 East 21st St. WARD 17)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Elizabeth M. Lehr (Zehr)

(Residence in Baltimore: No. 19 East 21st St. St.: 57 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: February (Month) 10 (Day), 1832 (Year)

7 AGE: 83 yrs. 4 mos. 23 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): -

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: — Möller

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo M Stifle

(Address) 2435 Maryland Ave

DEC 5 - 1915 Filed ..., 191... HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 3 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1915 to Dec 3 1915 that I saw h[er] alive on Dec 3, 1915 and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ... yrs. 8 mos. ... ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo M Stifle

Dec 4, 1915 (Address) 2435 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Dec 6, 1915

20 UNDERTAKER: Chas A Rohdenburg Sons — ADDRESS: 730 Park Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90113

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C90113

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2232 Barclay ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A. Goode

(Residence in Baltimore: No. 2232 Barclay St., 1 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Nov. (Month) 10th (Day) 1842 (Year)

7-AGE: 73 yrs. - mos. 25 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Henry W. McKrown

11-BIRTHPLACE OF FATHER (State or country): Scotland

12-MAIDEN NAME OF MOTHER: Mary J. Barrett

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lucia Snyder

(Address) 2232 Barclay St

DEC 5 - 1915

Filed ..... 191 .....

Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 5th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18, 1915, to, Dec 5 1915, that I saw h.r alive on Dec 4 1915, and that death occurred, on the date stated above, at 1.30 pm.

The CAUSE OF DEATH* was as follows:

Senile Arteriosclerosis (Duration) ... yrs Unknown mos.

Contributory (SECONDARY) Coma (Duration) ... yrs ... mos 7 ds.

(Signed) Walter H White M. D.

Dec 5 1915 [Address] 1101 N Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Dec 7th 1915

20-UNDERTAKER: J. E. Walker — ADDRESS: 723 W Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(90119) (90119)

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot. Infirmary ST.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Warren C. Barclay

(Residence in Baltimore: No. 2127 Callow Ave, City St.; 64 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Married

6-DATE OF BIRTH, Feb. 7, 1850
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
65 yrs. 10 mos. ds.	hrs. or min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Edwin C Barclay

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Hannah C Knox

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. J. Canning

(Address) 2127 Callow Ave

15- Filed DEC 5 - 1915 HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1915, to Dec 4 1915, that I saw h[illegible] alive on Dec 4 1915, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis Cystitis Sclerosis Cystitis

(Duration) ? yrs. mos. ds.

(Signed) Barnes S. Chaffee M. D.

Dec. 4, 1915. (Address) 2129

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 2 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2127 Callow Ave, City.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Hedge	Dec. 6, 1915
20-UNDERTAKER G. F. Wacker	ADDRESS 733 W Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C. 172

CITY OF BALTIMORE: (No. 1731 Ashland Av St.; 7 Ward)

2-FULL NAME Elizabeth Phoebus

(Residence in Baltimore: No. 1731 Ashland av St.; — yrs. — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word)
Female	White	Widowed

6-DATE OF BIRTH: April (Month) 6th (Day) 1832 (Year)

7-AGE: 83 yrs. 7 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John Boyd

11-BIRTHPLACE OF FATHER (State or country): United States

12-MAIDEN NAME OF MOTHER: Grafmaier

13-BIRTHPLACE OF MOTHER (State or country): United States

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Phoebus

(Address) 1226 Hollins St

15- Filed DEC 5 - 1915, 191... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 1 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1915, to Dec 1 1915, that I saw her alive on Dec 1 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Shock due to fall out of bed. + Infirmities of age (Accidental)

(Duration) ... yrs ... mos. 4 ds.

Contributory (SECONDARY) Infirmities of age

(Duration) several yrs ... mos. ... ds.

(Signed) R. P. Carman M. D.

Dec 3 1915 [Address] 170 1 Cathedral

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec 5, 1915

20-UNDERTAKER: Wm J. Schaeffer & Son — ADDRESS: 1800 E. Monument

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×172

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Merz (Mary)

(Residence in Baltimore: No. Mercy Hospital St.; yrs., — mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	White	Married

6-DATE OF BIRTH, March 17, 1848
(Month) (Day) (Year)

7-AGE, 67 yrs. 8 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: John Preller

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Annie Klecker

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Conrad G. Merz

(Address): Same

15-

Filed DEC 5 - 1915 191.. [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident - Fell from window

Fracture of 4th & cervical vertebras

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs.....mos.....ds.

(Signed) Thos. Chambers (Coroner) M. D.

Dec. 5, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs.....mos. 2 ds. In the State ....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Towson Md

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec 7, 1915

20-UNDERTAKER John Cook — ADDRESS 708 E Mo. Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90122 C90122

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2305 N. Charles ST. 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo F. Evans

(Residence in Baltimore: No. 2305 N Charles

Sex. 75 yrs., 8 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Apr 10, 1840 (Month) (Day) (Year)

7-AGE, 75 yrs. 8 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Thomas Evans.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo F. Evans Jr.

(Address) 2307 N. Charles St

15- DEC 5 - 1915 Burial Permit Clerk.
Dated ....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) had that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry C. Hyde M. D. (Coroner)

Dec 5, 1915. (Address) 3640 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cemetery	Dec 7, 1915
20-UNDERTAKER	ADDRESS
Wm Cook	502 E. North Ave

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C90123 C90123

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Homewood Ave. ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Darling

(Residence in Baltimore: No. 2207 Homewood Ave. St.; 70 yrs., 4 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, ... July (Month) ..... 19 (Day), 1845 (Year)

7-AGE, ... 70 yrs. 4 mos. 14 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Commision House

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, John Darling

11-BIRTHPLACE OF FATHER (State or Country), Balto. City

12-MAIDEN NAME OF MOTHER Catherine Heden

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... James A. Darling

(Address) 2816 Clifton Ave.

15- DEC 5 - 1915 Filed ....., 191.... Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) ..... 3 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov ~~Dec~~ 1915, to Dec 3 1915, that I saw h~~im~~ alive on Dec 2nd 1915, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

Rheumatic Lethargy

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) ..... yrs. ..... mos. Short time ds.

(Signed) W. T. Riley M. D.

Dec 3 1915 (Address) 1639 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount Cem.	Dec. 5, 1915
20-UNDERTAKER	**ADDRESS**
Wm. C. Black,	927 N. Broadway

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90134 C90135

HEALTH DEPARTMENT—CITY OF BALTIMORE 45

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 814 N. Fremont avenue, St. 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia C. Dietsch,

(Residence in Baltimore: No. 814 N. Fremont avenue, St. 8 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single,

6-DATE OF BIRTH, January (Month) 25th (Day), 1843. (Year)

7-AGE, 72 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Frederick Dietsch,

11-BIRTHPLACE OF FATHER (State or Country), Prussia,

12-MAIDEN NAME OF MOTHER Philopena Demarex,

13-BIRTHPLACE OF MOTHER (State or Country), Prussia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferdinand F.Dietsch,brother,

(Address) 814 N. Fremont avenue.

15- Filed DEC 5 - 1915, 191... MARY C. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 3d (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma pectoralis-laeva,

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Wenzel M. D.
(Coroner.)

Dec. 31, 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. DATE OF BURIAL, Dec 6, 1915

20-UNDERTAKER Wilbur H. Shriver ADDRESS 1014 E. Lanvale ave

P. T. O. Every item of information should be carefully supplied. After the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90125 C90125

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 Mt. Clair alley ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel H. Matthews

(Residence in Baltimore: No. 104 Mt Clair alley St.; 1 yrs., 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 31, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 4 ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Samuel H. Matthews

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mattie Allen

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M. Matthews

(Address) 104 Mt Clair alley

15- DEC 5 - 1915

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1915, to Dec 4 1915, that I saw h— alive on Dec 3 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. 1 ds.

(Signed) R. D. Campbell M. D.

Dec 4, 1915. (Address) 644 Hamburg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery	Dec 6, 1915
20-UNDERTAKER	ADDRESS
John F. Fields	1201 W Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90126 C90126

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 632 W Lombard St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Petrona Bilis

(Residence in Baltimore: No. 637 W. Lombard St.; 21 yrs. mos. ds.)

Known to Tuberculosis Nurse as Petronia Belis

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Not Known (Month), (Day), 1894 (Year)

7-AGE: 21 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeper

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Joseph Saeckus

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Agatha Tauinskis

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bernard Bilis

(Address) 632 W. Lombard St

15- Filed DEC 5 - 1915 BUREAU OF VITAL STATISTICS, Burial to be at sister's

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1915, to Dec. 4 1915, that I saw h.. alive on Dec. 4 1915, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) yrs 2 mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) Edward J. McCarthy M. D.

129 W. 1915 [Address] 629 Columbia Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 632 W Lombard St

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. — DATE OF BURIAL: Dec. 7, 1915

20-UNDERTAKER: John Gre Biauckas — ADDRESS: 500 S. Paca St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 W Lombard ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Rbistrabke. (Pbirsk)

(Residence in Baltimore: No. 636 W Lombard St.; 7 yrs., — mos., — ds.)

Please write clearly. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
~~Female~~ Female	White	Married

6-DATE OF BIRTH. not known (Month), (Day), 1878 (Year)

7-AGE.	If LESS than 1 day,
37 yrs. not known mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): work

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER Anthomas Warnelis

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Eva Sadauckas

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Pbirsk

(Address) 636 W. Lombard St.

15- DEC 5 - 1915 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-3 1915, to 12-4 1915, that I saw h er alive on 12-3 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Eclampsia
(Puerperal)
(Duration) 2 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Nephritis
(Duration) — yrs. — mos. — ds.

(Signed) P. L. Rusk M. D.

12-4, 1915. (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 4 mos. 0 ds. In the State 7 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death? at 636 W Lombard

Former or usual residence 636 W Lombard St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	....., 191...
20-UNDERTAKER	**ADDRESS**
John Grelliacke	500 S. Paca St

C90123

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

C90123

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 920. E. 20th St.; ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Harrison H Radcliffe

(Residence in Baltimore: No. 920. E. 20th St.; 25 yrs. X mos. X ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov. 14, 1849 (Month) (Day) (Year)

7 AGE: 66 yrs. xx mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Glen Rock Pennsylvania

PARENTS

10 NAME OF FATHER: Mark Radcliffe

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Mary Shaw

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. G Radcliffe

(Address) 920 E. 20th St

DEC 5 - 1915 Filed ..... 191 HARRY D. ANDREWS, Registrar of Vital Statistics

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: DEC 4 - 1915 (Month) (Day) (Year), 191

17. I HEREBY CERTIFY, That I attended deceased from NOV 27 1915, 191, to DEC 3 - 1915, 191, that I saw him alive on DEC 3 - 1915, 191, and that death occurred, on the date stated above, at 7 A.m.

The CAUSE OF DEATH* was as follows:

General Exhaustion

toxemia of Diabetes Mellitus

(Duration) X yrs. X mos. 8 ds

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) X yrs. X mos. X ds.

(Signed) O H Decker M. D.

DEC 5 - 1915 (Address) 830 E. NORTH AVE.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Dec. 6. 1915

20 UNDERTAKER: Geo W Little

ADDRESS: 531 N. Fremont Av

Spec.—1-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90129 ×126 C90129

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hosp. St.; 9 WARD)
REGISTERED No. C

2-FULL NAME John H. Cable
(Residence in Baltimore: No. St. Josephs Hosp.; yrs. 1 mos. da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. 19, 1843
(Month) (Day) (Year)

7-AGE, 72 yrs. 1 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Deputy Ward Officer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.
10-NAME OF FATHER, Do not know
11-BIRTHPLACE OF FATHER (State or Country) Do not know
12-MAIDEN NAME OF MOTHER Do not know
13-BIRTHPLACE OF MOTHER (State or Country), Do not know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Miss J. E. Cox
(Address) 2610 Elsinore Ave.

15. Filed DEC 6 - 1915, 191. ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 5, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov. 5 1915, to Dec 5 1915, that I saw h[illegible] alive on Dec 5 1915, and that death occurred, on the date stated above, at 3 20 m.

The CAUSE OF DEATH* was as follows:
Hypostatic Lung Congestion
(Duration) 1 yrs. 4 mos. da.
CONTRIBUTORY. (Secondary) Embolism of Brain
following Prostatic (Duration) yrs. mos. 10 ds.
(Signed) J. F. Cox M. D.
Dec. 5. 1915 (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 1 mos. ds. In the State 50 yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Smithsburg Md.

19-PLACE OF BURIAL OR REMOVAL, Smithsburg, Md. DATE OF BURIAL, 12/14, 1915.
20-UNDERTAKER Henry W. Mens & Son ADDRESS 805 N. Calvert St.

Shipped O. & W. Western Md. R.R. In charge of Miss J. E. Cox.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 90130

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Johns Hopkins Hospital WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Strieb, Jr.

(Residence in Baltimore: No. 109 N. Dunbar St.; yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	White	Single

6-DATE OF BIRTH, November 28, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Joseph Strieb

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Mary Kaur

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Strieb

(Address) 1216 E. Lexington

15- DEC 6 - 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 3rd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest + autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (Terminal)

(Duration) ....yrs. mos. 1 ds.

(Signed) Wm. M. Davazs M. D.
(Coroner.)

Dec. 5, 1915. (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. 6 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Dec. 6, 1915

20-UNDERTAKER McGinnis - Conrad

ADDRESS 608 W. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90131 C90131

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Albert Ward

(Residence in Baltimore: No. 573 Hanover St.; ..... yrs., Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July 2, 1852
(Month) (Day) (Year)

7-AGE, 63 yrs. 5 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Levi Ward

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Washington

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gerald Heuter

(Address) Same

15- Filed DEC. 6 - 1915 ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1915, to Dec 5 1915, that I saw h.m alive on Dec 5 1915, and that death occurred, on the date stated above, at 5:45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward H. Smuck M. D.

Dec 5, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 63 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 573 Hanover St.

Former or usual residence 573 Hanover St.

19-PLACE OF BURIAL, OR REMOVAL, Loudon Cemetery — DATE OF BURIAL, Dec 8, 1915

20-UNDERTAKER McGaynor & Cassard — ADDRESS 600 E. Pratt

Etc.

Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 90132

REGISTERED No. C 90132

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 E. Mulberry ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Gardner

(Residence in Baltimore: No. 108 E. Mulberry St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH. Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 38 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Barber
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Sarah Stuchens

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Gardner

(Address) 108 E. Mulberry st.

15- Filed DEC. 6 - 1915 ROBERT J. KRAUTER, Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 22 1915, to Dec 4 1915, that I saw h[illegible] alive on Dec 3 1915, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Pancreas

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Thrombosis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Wm. L. Ottofanelli M. D.

Dec 4 1915 (Address) 10[redacted]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cemetery	Dec 7..., 1915
20-UNDERTAKER Felix B Poe	ADDRESS 102 E Mulberry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90133

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C90133

D

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 109 Arch ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Chapman

(Residence in Baltimore: No. 109 arch st St.; ..... yrs. 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec. 8 1891 (Month) (Day) (Year)

7-AGE: 23 yrs. 11 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Seaman

9-BIRTHPLACE (State or country): Baltimore city

PARENTS

10-NAME OF FATHER: Jacob Chapman

11-BIRTHPLACE OF FATHER (State or country): Baltimore city

12-MAIDEN NAME OF MOTHER: Mary Carroll

13-BIRTHPLACE OF MOTHER (State or country): Baltimore county

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Chapman

(Address) 109 arch st

15- Filed DEC 6 - 1915 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11th, 1915, to, Dec 4 1915; that I saw h.. alive on Dec 3 1915; and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

La Grippe Pulmonia

Pulmonia

Since Nov 11th 1915 (Duration) yrs mos ds

Contributory (SECONDARY) Possibly Tuberculosis

(Duration) yrs mos ds

(Signed), H. K. Gosnell M. D.

Dec 4th 1915 [Address] H. K. Gosnell

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Dec 7 1915

20-UNDERTAKER: Felix B. Pyc. — ADDRESS: 1012 E. Mulberry

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Roslyn Ave ST. 15 WARD)

REGISTERED No. C 92 C90131

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Marion Lewis

(Residence in Baltimore: No. 2500 Roslyn Ave St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 9th (Month) (Day), 1856 (Year)

7-AGE, 59 yrs. 7 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dem. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, John W. Lewis

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Eliz. J. Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marion C. Lewis

(Address) 2502 Roslyn Ave

15-Filed DEC 6 - 1915, 191... ROBERT J. BRADY, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 5 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov. 26 1915, to Dec. 5. 1915, that I saw him alive on Dec. 5 1915, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert J. Chambers M. D.

Dec 5, 191 5 (Address) 1012 N. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Bethany Church Lodge Landing North & Va. DATE OF BURIAL. Dec. 6. 1915

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 1211 E. Fayette St.

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90135 C90135

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Penn Rd Stop ST. 14 WARD) REGISTERED No. C 79

(If death occurred In a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Walker

(Residence in Baltimore: No. 1913 McCulloh St.; 10 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Saloon

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Frank Walker

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Lucy Ross

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pierce Walker

(Address) 1913 McCulloh

15- DEC 6 - 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dil (Duration) ½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Org. heart disease (Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

Dec 6, 1915 (Address) 24 W Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if no. at place of death? 15 A Century Ct

Former or usual residence 1913 McCulloh

19-PLACE OF BURIAL OR REMOVAL, Grenville Va — DATE OF BURIAL, Dec 7 19 15

20-UNDERTAKER Augusta Co — ADDRESS

John H Toaden Fishersville

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90135 C90135

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Josephs Hospital St.; 19 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Williams

(Residence in Baltimore: No. 228 N Stricker St.; 64 yrs. 1 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct (Month) 13 (Day) 1851 (Year)

7-AGE, 64 yrs. 1 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Jewelry Store

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER Thomas W Williams

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Prudence Fowler

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Mary Eby Williams
(Address) 2812 W North Ave.

15- Filed DEC 6 - 1915 ABSENT . Burial Permit Issued
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 4 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1915, to Dec 4 1915, that I saw h[illegible] alive on Dec 4 1915, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Emphysema

(Duration) 2 yrs. mos. 1 ds.

(Signed) Edward McG Rieger M. D.

Dec 4, 1915. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 228 N Stricker St

Former or usual residence 228 N Stricker St.

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Dec 7, 1915

20-UNDERTAKER George J Smith — ADDRESS 1058 Fayette St

Caution.—Be particular as to every statement of OCCUPATION. Every statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 C0137

179 C0137

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1924 Hemmeman Ave ST. 8 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriette Collins

(Residence in Baltimore: No. 1924 Hemmeman Ave

35

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1868 (Year)

7-AGE. 47 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

PARENTS.

9-BIRTHPLACE. (State or Country). Md.

10-NAME OF FATHER. John Bibbith

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Barnes

(Address) 1924 Hemmeman Ave

Filed DEC 6 - 1915, 191.....

ROBERT . KRAUTH

Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... December 4th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charke of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. A. Sayage M. D. (Coroner)

Dec 7, 1915. (Address) 729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Leakey Conn

DATE OF BURIAL, Dec 7th, 1915

20-UNDERTAKER Harry L. Dorsey

ADDRESS 1728 Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C90133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Winnagel

(Residence in Baltimore: No. 518 N/ Monroe St.; 78 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, July (Month) 23 (Day), 1837 (Year)

7-AGE, 78 yrs. 4 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germy

PARENTS.

10-NAME OF FATHER, Wennagel

11-BIRTHPLACE OF FATHER (State or Country), Germy

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Frank Wennagel

(Address) 518 N. Monroe

15- DEC 6 - 1915 Filed, 191. ROBERT . KRAUSE, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 5 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 29 1915, to Dec. 5 1915, that I saw him alive on Dec. 5 1915, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 1/2 yrs. mos. ds.

(Signed) Geo. H. Mann M. D.

12/ 5, 1915 (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 6 yrs. mos. ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 518 N. Monroe st.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cem'y	Dec 7, 1915
20-UNDERTAKER	ADDRESS
Jos Jurdens Jr	217 S. Pace

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90139

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90139

CERTIFICATE OF DEATH.

(Guilford Ave. - Preston St.)

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Preston Apts. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Howard Hall

(Residence in Baltimore: No. Preston Apts St.; 22 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 29 (Day), 1842 (Year)

7-AGE, 73 yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Thomas White

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Caroline G. Howard

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. W. S. Hall.

(Address) 814 Park Av

15- Filed DEC 6 - 1915, 191.. ROBERT J. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1914, to Dec 4" 1915, that I saw h[illegible] alive on Dec 3" 1915, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH*, was as follows:

Chronic nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) [illegible] yrs. mos. 1 ds.

(Signed) E. B. Gallagher M. D.

Dec 4, 1915. (Address) 20 E Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cty Enmorton Md — DATE OF BURIAL, Dec 7, 1915

20-UNDERTAKER Stewart & Mowen Company — ADDRESS 108 W Mulberry

Physician to fill in plain terms, so that it may be properly Classified. Other statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90140 C90140 41

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 3127 O'Donnell street, ST.: 1 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martina C. Widmark,

(Residence in Baltimore: No. 3127 O'Donnell street, St.: 26 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married,

6-DATE OF BIRTH: June (Month) 20th (Day), 1865. (Year)

7-AGE: 50 yrs. 5 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Norway,

PARENTS

10-NAME OF FATHER: Knute M. Petersen,

11-BIRTHPLACE OF FATHER (State or country): Norway,

12-MAIDEN NAME OF MOTHER: Unknown,

13-BIRTHPLACE OF MOTHER (State or country): Norway,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gustav P. Widmark, husband,

(Address) 3127 O'Donnell street.

15 DEC 6 - 1915 ROBERT . KRAUTER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 4th (Day), 1915. (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12th, 1915, to December 3, 1915, that I saw her alive on December 3d, 1915, and that death occurred, on the date stated above, at 7.45a m.

The CAUSE OF DEATH* was as follows:

Exploratory Incision for Carcinoma Adenomatosa Encephaloides Intestinalis,

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Toxaemia,

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) J. Frederick Hempel M. D.

Dec. 4th 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cemetery — DATE OF BURIAL: Dec 7th 1915.

20-UNDERTAKER: Stewart & Moreno — ADDRESS: 108 W. North Ave

C90141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90141

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2026 Mt Royal Terrace St. 13 Ward) 79

Registered No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas Ireland Elliott

(Residence in Baltimore: No. 2026 Mt Royal Terrace St.; 58 yrs. 11 mos. 10 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH December 25, 1856 (Month) (Day) (Year)

7 AGE 58 yrs. 11 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Judge of
(b) General nature of industry, business, or establishment in which employed (or employer) Criminal Court

9 BIRTHPLACE (State or country) Baltimore City.

PARENTS

10 NAME OF FATHER Wm. Elliott

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rose Bunting

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Cousins Elliott

(Address) 2026 Mt Royal Terrace

15 Filed DEC 6 - 1915, 19.. ROBERT J. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 5th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1915, to, Dec 5th 1915, that I saw h alive on Dec 5th, 1915, and that death occurred, on the date stated above, at 7.10 a.m. The CAUSE OF DEATH* was as follows:

Myo-Cardial insufficiency

(Duration) — yrs. — mos. 16 ds

Contributory (SECONDARY) Arterio-sclerosis, Myocardial degeneration (Duration) 2 yrs. — mos. — ds.

(Signed) Charles H. Mitchell M. D.

Dec 6, 1915 (Address) 92 Chas St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Dec 7, 191..

20 UNDERTAKER Howard Memorial Co — ADDRESS 108 N. Howard St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 90142 89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 N Durham St ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Lively

(Residence in Baltimore: No. 723 N. Durham St St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, October 13th, 1913.
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Geo R. Lively

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Murray

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo R Lively

(Address) 723 Durham St

15- Filed DEC 6 - 1915 ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 4th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 24th 1915, to Dec 4th 1915, that I saw her alive on Dec 4th 1915, and that death occurred, on the date stated above, at 10 A M

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo W. Dungorroyd M.D. M. D.

Dec 4 - 1915. (Address) 1627 Gramercy Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, Dec 6., 1915

20-UNDERTAKER John W Henderson — ADDRESS 317 Caroline

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

166

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. [illegible] ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elliott

(Residence in Baltimore: No. 878 N. Howard St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, January (Month) 1 (Day) ..... (Year)

7-AGE, 43 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Barryman

(Address) 812 Ashland ave

15- Filed DEC 6 - 1915, 191.. ROBERT J. KRAUSER, BUREAU OF VITAL STATISTICS. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 5th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

Dec ....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 878 N. Howard St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	Dec. 6, 1915
20-UNDERTAKER John H. Henderson	ADDRESS 3119 Eutaw St

N. B.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90144

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90144

1 PLACE OF DEATH — REGISTERED No. C 130

CITY OF BALTIMORE (No. 4512 Park Heights Ave ST.: 15th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Iona Estella Auld

(Residence in Baltimore: No. 4512 Park Heights Ave St.: 4 yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 11 (Day), 1883 (Year)

7-AGE: 32 yrs. 4 mos. 23 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland Balto

PARENTS

10-NAME OF FATHER: John E. Auld

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary E. Fall

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. E. Auld

(Address) 4512 Park Heights Ave

15. Filed DEC 6 - 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1915, to Dec. 3 1915, that I saw her alive on Dec 3, 1915, and that death occurred, on the date stated above, at 9 a. m.
The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY): Weakening Heart

(Duration) yrs. mos. 2 ds.

(Signed) Wm. Grant M. D.

Dec 3, 1915. (Address) 1925 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery | DATE OF BURIAL: DEC 6 - 1915

20-UNDERTAKER: ARMSTRONG-DENNY CO. | ADDRESS: 715 Light St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90145 C90145

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 1714 E. Madison St. St.: 16 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Florence M. McGrath

(Residence in Baltimore: No. 3039 Belmont Ave St.: Lafayette yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb 5th, 1913 (Month) (Day) (Year)

7 AGE: 2 yrs. 10 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: J. Kelly McGrath

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie E. McGrath

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Kelly McGrath

(Address) 3039 Belmont Ave

15 Filed DEC 6 - 1915, 19.. ROBERT J. GRAUER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 5th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1915, to Dec 5 1915, that I saw h[illegible] alive on Dec 5, 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) ... yrs. ... mos. 2 ds

Contributory (SECONDARY) Exhaustion

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo D. Young M. D.

Dec 5th, 1915 (Address) 1531 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Dec 6, 1915

20 UNDERTAKER: H. Allen Fuller — ADDRESS: 3515 Springdale Ave

L. P. M.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

690146 690146

92

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1162 E. 24th St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ralph Lee Grafton

(Residence in Baltimore: No. 1162 E. Twenty-Fourth St.; 18 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	white	Married

6-DATE OF BIRTH: Oct (Month) 18 (Day) 1840 (Year)

7-AGE: 75 yrs. 1 mos. 17 ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Harford Co Md

PARENTS

10-NAME OF FATHER: Martin Grafton

11-BIRTHPLACE OF FATHER (State or country): Harford Co Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ruby Grafton

(Address) Bel Air Md

15- ROBERT . BRADLEY
Filed DEC 6 - 1915, 191 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2, 1915, to, Dec 4 191[illegible], that I saw h[illegible] alive on Dec 4 1915, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

Contributory (SECONDARY) acute dilatation of heart (Duration) yrs. mos. 1/2 ds.

(Signed), M. D.

Dec 6, 191[illegible] [Address] James M Fulton 705 E 24th St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Forest Hill Harford Co Md — DATE OF BURIAL: Dec 7, 191[illegible]

20-UNDERTAKER: Harry W. Ehlen — ADDRESS: 1944 Norton

R. S. [illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90147 C90147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1832 Light St.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles B. Roberty

(Residence in Baltimore: No. 1832 Light St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug (Month) 7 (Day), 1915 (Year)

7-AGE, yrs. 3 mos. 30 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Michael J. Roberty

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Catherine Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Roberty

(Address) 832 Light St

15- Filed DEC 6 - 1915 1915 ROBERT J. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 6 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) yrs. mos. 14 ds.

(Signed) Edw. Gruenfelder M. D.
(Coroner.)

Dec 6, 1915. (Address) 511 Fawn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenlawn | DATE OF BURIAL, Dec 6, 1915

20-UNDERTAKER J. M. Fahey & Sons | ADDRESS 832 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90148 C90148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp. ST.; 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Hendricks

(Residence in Baltimore: No. 423 E. Chase St St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, unknown (Month), 1 (Day), (Year)

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Brunswick Md

PARENTS.

10-NAME OF FATHER, Do Not Know

11-BIRTHPLACE OF FATHER (State or Country), Do Not Know

12-MAIDEN NAME OF MOTHER Do Not Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Fred. V. Cleft

(Address) St Josephs Hospital

15- Filed DEC 6 - 1915, 19..., ERNEST J. KRAUTER, Registrar. BURIAL PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1915, to Dec 6 1915, that I saw h er alive on Dec 6 1915, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Dorsalgia

(Duration) yrs. 1 mos. ds.

(Signed) F. V. Cleft M. D.

Dec. 6 1915. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 423 E. Chase

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Brunswick Md	Dec. 6., 1915.
20-UNDERTAKER Johnson Foley & Davis	ADDRESS 131 E. Eight St

Cause of death must be given in full, and if anything of a peculiar character, or if accident, suicide or homicide, state all particulars which may be important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+31

C90149

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Union Port Infirmary ST.; 14 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Mr. Brother~~ Voorhees

(Residence in ~~Baltimore:~~ No. Union Port Infirmary St. yrs. mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) 7 (Day), 1865 (Year)

7-AGE, 50 yrs. 7 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Vital Statistician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, John H. Voorhees

11-BIRTHPLACE OF FATHER (State or Country), Alabama

12-MAIDEN NAME OF MOTHER Eliz. A. Warder

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D.S. Voorhees

(Address) Washington D.C.

15. DEC 6 - 1915 Filed....., 191.... ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 6 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 2 1915, to Dec 6 1915, that I saw h-- alive on Dec 6 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 40 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Burns J. Chaffee M. D.

Dec 6, 1915 (Address) U.S.P.S.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Jacksonville Fla.

19-PLACE OF BURIAL OR REMOVAL, Jacksonville Fla. DATE OF BURIAL, Dec 6, 1915

20-UNDERTAKER Jos. T. Root ADDRESS 100 S. W. Balto

CAUSE of death must be stated in plain terms. Name of disease may be preceded by other terms, if these are important. See instructions on back of certificate.

STATE OF MARYLAND,
CITY OF BALTIMORE, s.s.

I, Burns S. Chaffee, Resident Physician of the Union Protestant Infirmary of Baltimore, Md; do hereby certify that WARDER VOORHEES, who died at the said Infirmary on Dec 6- 1915, was admitted to the said Infirmary under the name of WALTER VOORHEES through an error in taking down his name at the time of his admittance to the Infirmary and that his correct name is WARDER VOORHEES.

Burns S Chaffee

Resident Physician.

Subscribed and sworn to
before me this 21st. day
of February, 1916,

Armistead M. Wilde.

Notary Public.

My Commission expires
May 1916.

etc., *Carcinoma, Sar-*
he origin; "Cancer" is
Tumor" for malignant
oping cough; Chronic
ic interstitial nephritis;
ndary or intercurrent)
unless important. Ex-
using death), 29 *ds.*;
ry), 10 *ds.* Never re-
nal conditions, such as
y symptomatic), "Atro-
"Convulsions," "De-
le," etc.), "Dropsy,"
"Hæmorrhage," "In-
age," "Shock," "Ure-
a definite disease can

Always qualify all
irth or miscarriage, as
UERPERAL *peritonitis,*"
urgical operation was
ATHS state MEANS OF
ITAL, SUICIDAL, HOMI-
f impossible to deter-
ccidental drowning;
ent; Revolver wound
by carbolic acid—
of the injury, as frac-
s (*e. g., sepsis, teta-*
e head of "Contribu-

for additional infor-
e following diseases,
le cause of death:
ldbirth, Convulsions,
sipelas, Meningitis,
rosis, Peritonitis,
ticemia, Tetanus.

red to a Coroner:

criminal negligence
Homicides, Abortions
directly or indirectly

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 (90150)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Wand

(Residence in Baltimore: No. 523 N. Mount St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 16 (Day), 1866 (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Ed. Wand.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Sarah Redmond

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed DEC 6 1915 191.. ROBERT J. KRAUSE, Registrar. Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1915, to Nov 29 1915, that I saw him alive on Nov. 29 1915, and that death occurred, on the date stated above, at 3:7 p. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Paul H. Holmes M. D.

Nov. 29, 1915. (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 523 N. Mount St

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL — DATE OF BURIAL, DEC. 1 - 1915

20-UNDERTAKER Commissioner Health. — ADDRESS

Per. Wm. E. WOODALL

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley Forsenty

(Residence in Baltimore: No. 1006 E. Lombard St. St.; ..yrs.. ..mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ..., 1875.
(Month) (Day) (Year)

7-AGE, 40 yrs. ..mos. ..ds. If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Saltsman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Joe Forsenty

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Mary ?

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Forsenty

(Address) Johns Hopkins Hosp.

15- Filed DEC 6 - 1915 19.. ROBERT J. KRAUSS Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 30th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 29th 1915, to Nov. 30th 1915, that I saw h[illegible] alive on Nov. 30th 1915, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Emphysema

..... (Duration) ..yrs. ..mos. 2 ds.

CONTRIBUTORY (Secondary) Hyp. Arteriosclerosis Chronic nephritis (Duration) ..yrs. ..mos. 2 ds.

(Signed) A. C. Beckert M. D.

Nov. 30th, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 1 ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1006 E. Lombard St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	DEC 4 - 1915 19..
20-UNDERTAKER	ADDRESS
per. Wm. E. WOODALL.	

Commissioner of Health.

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90152

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90152

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4004 Old york Road ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Gaulins

(Residence in Baltimore: No. 4004 Old york Road St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 31 (Day), 1855 (Year)

7-AGE, 60 yrs. 6 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, James R. Gaulins

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Amanda Mace

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Chas. E. Gaulins

(Address) 3214 Greenmount

15- Filed DEC 6 - 1915, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 3rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1915, to Dec 3rd 1915, that I saw h[illegible] alive on Dec 3rd 1915, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Cerebral degeneration

(Duration) yrs. 3 mos. ds.

(Signed) John Evans M. D.

Dec 4, 1915 (Address) 502 Franklin Terrace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bel Air Md	12-7, 1915
20-UNDERTAKER	ADDRESS
Howerton's Sons Co	W. Fallsway & Biddle

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90153 C90153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 E Barney ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lackes

(Residence in Baltimore: No. 208 E Barney St.; yrs. 10 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 25, 1915
(Month) (Day) (Year)

7-AGE, yrs. 10 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, John Lackes

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Connolly

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Lackes Father

(Address) 208 E Barney St.

15- ROBERT J. KRAUTER,

DEC 6 1915 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1915, to Dec 5 1915, that I saw h alive on Dec 5 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) J. C. K. Caughey M. D.

Dec 7, 1915 (Address) 647 Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, Dec 6, 191.5

20-UNDERTAKER P & M. J. Flynn

ADDRESS 1422 Light St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90151

CERTIFICATE OF DEATH.

105 C90151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 E. Monument St.; 10 WARD)

(If death occurred in a hospital or Institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sebastiana Rezzi

(Residence in Baltimore: No. 1036 E. Monument St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May (Month) 5 (Day) 1861 (Year)

7-AGE, 54 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Julius Rezzi

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Testa

(Address) 1036 E. Monument St.

15-

Filed DEC. 6 - 1915 ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 5 (Day) 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov. 12 1915, to Dec. 5 1915, that I saw h[illegible] alive on Dec. 4 1915, and that death occurred, on the date stated above, at 3. P. m.

The CAUSE OF DEATH* was as follows:

Asthenia

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Enteritis

(Duration) yrs. 1 mos. ds.

(Signed) A. Palmisano M. D.

Dec. 5, 1915 (Address) 316 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, Dec. 7, 1915

20-UNDERTAKER Kelly & Fale ADDRESS 403 N. Gay St.

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

1 PLACE OF DEATH — CITY OF BALTIMORE (No. Univ Md Hosp St. 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie Gray

(Residence in Baltimore: No. 410 State St.; yrs., 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Unknown, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Gray

(Address) 1211 Myrtle Ave

15- Filed DEC 6 - 1915, 191. FOREST A. KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock from burns

Body & face

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Clothes caught fire from Gas Log

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Dec 6, 1915. (Address) 42 N. Mt Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 12-8-1915

20-UNDERTAKER, Daniel P. Stanley — ADDRESS 57 E. Preble

(Over)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C90156

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Lyons

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs, 1 mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. (Month) 31 (Day), 1915 (Year)

7-AGE.	If LESS than 1 day,
yrs. 1 mos. 4 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1701 Division St.

15- Filed DEC 6 - 1915, 191 MARY C. ARLETT, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 4th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 3 1915, to Dec. 4th 1915, that I saw her alive on Dec. 4th 1915, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition and
Mal-assimilation

(Duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas O. Moore M. D.

, 191... (Address) 5 E Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State yrs mos. 4 ds.

Where was disease contracted, if not at place of death? St Vincents Inf Asylum

Former or usual residence St Vincents Inf Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, Dec. 6, 1915

20-UNDERTAKER M Fahey & Sons ADDRESS 606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C90157 64 C90157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Eden ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levin Cooper

(Residence in Baltimore: No. 507 N Eden St.: 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Unknown, 1 ..... (Month) (Day) (Year)

7-AGE: 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Nettie White

(Address) 507 N Eden St

15-

Filed DEC 6 1915, 191. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 2 1915, to Dec 4 1915, that I saw him alive on Dec 4 1915 and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

2 Days (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Arterial Degeneration

Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Edward Fisher M. D.

Dec 7, 1915. (Address) 1617 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Ashley Cemetery — DATE OF BURIAL, Dec 7, 1915

20-UNDERTAKER: Thos. S. Bailey — ADDRESS: Monument St

important. See instructions on back of certificate.

C90153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90153

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 640 W Lexington ST.; 4 WARD) 170 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elias Frostle

(Residence in Baltimore: No. 640 W Lexington St.) 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 27, 1847
(Month) (Day) (Year)

7-AGE, 67 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Penn.

PARENTS.

10-NAME OF FATHER, Daniel Frostle

11-BIRTHPLACE OF FATHER (State or Country). Penn

12-MAIDEN NAME OF MOTHER Catherine Kohr

13-BIRTHPLACE OF MOTHER (State or Country). Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Frostle

(Address) 315 S Gilmor St

15- DEC 6 - 1915 HARRY C ANDREAS,
Filed....., 191.. Mortal Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. nephritis

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner) M. D.

Dec 6, 1915 (Address) 24 W Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Middletown Pa

DATE OF BURIAL. Dec 7, 1915

20-UNDERTAKER Wm Routzon

ADDRESS 230 N Greene

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C90159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 W. Franklin ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Rackensperger

(Residence in Baltimore: No. 915 W. Franklin St.; 58 yrs., 11 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	widow

6-DATE OF BIRTH, January (Month) 1st (Day) 1857 (Year)

7-AGE,	If LESS than 1 day,
58 yrs. 11 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Patrick King

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Margaret ?

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph A. Rackensperger

(Address) 915 W. Franklin St

15- Filed DEC 6 - 1915, 191.. MARY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27 1915, to Dec. 3 1915, that I saw h.. alive on Dec. 3. 1915, and that death occurred, on the date stated above, at 2 P.m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(b) .....

(c) .....

(Duration) .....yrs.....mos.....7.....ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

Disease (Duration) 6 yrs. .....mos.....ds.

(Signed) Jno. G. Whitehill M. D.

Dec 4, 191.. (Address) 206 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cem	Dec 7, 1915
20-UNDERTAKER Wm Cook	ADDRESS 502 E. Monument

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary ST.; 17 WARD) E 2 (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Louise E. Henderson

(Residence in Baltimore: No. 2518 N. Calvert St, St.; 62 yrs., 0 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White. | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 13, 1853. (Month) (Day) (Year)

7-AGE 62 yrs. 0 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md (Balto City)

PARENTS.

10-NAME OF FATHER Francis Henderson

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Diana Graham

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Albert Henderson

(Address) 2518 N Calvert

15-DEC 6 - 1915 Filed....., 191.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 1915, to Dec 6 1915, that I saw her alive on Dec 6 1915, and that death occurred, on the date stated above, at 7-30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Failure
Myocardial insufficiency

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Trammell Stark M. D.

Dec 6, 1915. (Address) Church Home Infm

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. 1 mos. 2 ds. In the State 62 yrs. 0 mos. 24 ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 2518 N Calvert

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem DATE OF BURIAL, Dec 8, 1915

20-UNDERTAKER Lee Cook ADDRESS 202 E North

CAUSE OF DEATH is plain terms, so that it may be understood by physicians in all parts of the country. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

C90161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Webster ST.; 24 WARD) REGISTERED NO. C

2-FULL NAME Francis Keenan

(Residence in Baltimore: No. 1408 Webster St.; yrs. 5 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dec. (Month) 20 (Day), 1850 (Year)

7-AGE, 64 yrs. 11 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired (Grocer)
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Unknown.

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaiah Madden

(Address) 1408 Webster St.

15.

DEC 6 - 1915

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 5th (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 2nd 1915, to Dec 5 1915, that I saw him alive on Dec 5 1915, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ...yrs. ...mos. 3 ds.

(Signed) D. F. Sutton M. D.

Dec 5, 191.. (Address) 201 E. Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill, Lem — DATE OF BURIAL, Dec. 7, 1915

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90162 C90162

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Bowie

(Residence in Baltimore: No. 655 Saint St. St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	black	Single

6-DATE OF BIRTH, Nov. (Month) 28 (Day), 1915 (Year)

7-AGE, 11 hrs. ...yrs. ...mos. ...ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Bowie

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Cordelia Bowie

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas L. Bowie

(Address) Mercy Hospital

15- DEC 6 - 1915 Burial Permit Issued

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 28 1915, to Nov. 28 1915, that I saw h[illegible] alive on Nov. 28 1915, and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Emil Novak M. D.

Nov. 28, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL DEC 6 1915

Commissioner of Health.

FOR ANATOMICAL PURPOSES

Space to be left blank in front of this line for binding. Date of decease or OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90163

CERTIFICATE OF DEATH.

104 C90163

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Muscella Charlton

(Residence in Baltimore: No. 2216 Orleans St St.; ...yrs.. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, July (Month) 16 (Day), 1911 (Year)

7-AGE, ...yrs. 4 mos. 17 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Benj Mennzyes

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mabel Charlton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- DEC 6 - 1915

Filed....., 191... [illegible] Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 3 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21 1915, to Dec 3 1915, that I saw h[illegible] alive on Dec 3 1915, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Alimentary Decomposition

about (Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edward L. Smith M. D.

Dec 3, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 12 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? 2216 Orleans St

Former or usual residence 2216 Orleans St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	DEC. 6 - 1915 ..., 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

8 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 (90164)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 Shot Alley ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Berry

(Residence in Baltimore: No. 1230 Shot Alley St.; 0 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. (Month) 5 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 1 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Joseph Baldwin

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Berry, Ellen.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Prescott S. Tucker

(Address) Johns Hopkins Hosp.

15- DEC 6 1915 HARRY C. JONES

Filed....., 191.. Bertat Forest Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1915, to Dec 5 1915, that I saw him Dead alive on Dec 5 1915, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Premature, Non viable child

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Wm. H. Hulsey M. D.

Dec 6, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL.

DATE OF BURIAL, DEC. 6 - 1915 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES

1

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×175

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST.: W WARD)
2-FULL NAME J W McKenna
(Residence in Baltimore: No. Mercy Hospital)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs.,, mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	?

6-DATE OF BIRTH, ? (Month) 1 (Day) (Year)

7-AGE,	If LESS than 1 day,
about 45 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ?
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), ?

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Police records.
(Address)

15- DEC 6 - 1915
Filed, 191. HARRY C. ARENTZ, Registrar.
Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 1, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accident Struck by electric car
(Duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Fibro pneumonia
(Duration) yrs. mos. 2 ds.

(Signed) Thos F Kohlenberger M. D.
(Coroner.)
Dec. 3, 191.5. (Address) 18 W Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Pine Grove Pa

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Towanda Pa. Clarinda	Dec 6, 1915

20-UNDERTAKER	ADDRESS
Henry W. Meyer & Son	805 N Calvert St

C90166

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C90166

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1401 Columbia Ave ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur L. Poulitsa

(Residence in Baltimore: No. 1401 Columbia Ave St.; yrs. 8 mos. 14 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Mar (Month) 22 (Day), 1907 (Year)

7-AGE: yrs. 8 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Gus Poulitsa

11-BIRTHPLACE OF FATHER (State or country): Greece

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. L. Gamblas

(Address) 2013 Banks St

15-

DEC 6 - 1915 191 ROBERT G. ROBERTS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: DEC (Month) 6 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1915, to, Dec 6 1915, that I saw h[im] alive on Dec 5, 1915, and that death occurred, on the date stated above, at 9 24 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) Cardiac Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed), A. L. Gamblas M. D.

Dec 6, 1915 (Address) 2013 Banks

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Dec 7 1915

20-UNDERTAKER: Robt Brockman

ADDRESS: 1738 Calhoun

Spec.—8-24-14—M. & T.—2000 Bks.

C90167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 104 C90167

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Tipkin (Tipkin)

(Residence in Baltimore: No. 1531 Orleans St. St.; 1 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Nov. 5, 1914 (Month) (Day) (Year)

7-AGE: 1 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Elizabeth Tipkin

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15. DEC 6 - 1915 HARRY C. WILLIAMS, Filed ....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 5 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1915 to Dec 6 1915, that I saw h alive on Dec 6 1915, and that death occurred, on the date stated above, at 9.46 a.m.

The CAUSE OF DEATH* was as follows:
Atelectasis Pulmonum

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Nil

(Duration) yrs. mos. ds.

(Signed) H. T. Bowers M. D.

Dec 5, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 1531 Orleans St.

19-PLACE OF BURIAL OR REMOVAL. Baltimore Md. DATE OF BURIAL, Dec 7, 1915

20-UNDERTAKER J. A. B. Cook ADDRESS 1003 E. Baltimore St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90168 C90168

CERTIFICATE OF DEATH.

56

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George T. Graydon

(Residence in Baltimore: No. 519 Carrollton Ave. St.; 38 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, October 17, 1873
(Month) (Day) (Year)

7-AGE, 42 yrs. 1 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Chemical
(b) General nature of industry, business, or establishment in which employed (or employer)..... Plumber

9-BIRTHPLACE, (State or Country), Philadelphia Pa

PARENTS.

10-NAME OF FATHER, James Graydon

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Elizabeth Tracey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... James Graydon

(Address)..... 519 N. Carrollton Ave

15- DEC 6 - 1915 MARY C. ANDREWS,
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 5th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 2nd 1915, to Dec. 5th 1915, that I saw h.....alive on Dec. 5th 1915, and that death occurred, on the date stated above, at 6.50 P.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dil.

(Duration)....yrs....mos....1....ds.

CONTRIBUTORY (Secondary) Nephritis (Alcoholic)

(Duration)....yrs....mos....3....ds.

(Signed) Frank E. Shipley M. D.

Dec. 5th, 1915 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 3 ds. In the State 38 yrs....mos....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 519 Carrollton Ave

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Dec. 8..., 1915.

20-UNDERTAKER Geo. R. Little — ADDRESS 631 E. Fremont Ave

important. See instructions on back of certificate.

PROPERTY OF BALTIMORE CITY HEALTH DEPARTMENT
DO NOT REMOVE FROM FILE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1909 Druid Hill Ave ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Theodore Lee

(Residence in Baltimore: No. 1909 Druid Hill Ave St.; — yrs., — mos., 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Nov 28, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
— yrs. — mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Lee

11-BIRTHPLACE OF FATHER (State or Country), Alabama

12-MAIDEN NAME OF MOTHER Mabel White

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie White

(Address) 1909 Druid Hill Ave

15-

Filed DEC 6 - 1915, 191.. BUREAU OF VITAL STATISTICS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 5th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4th 1915, to Dec 5th 1915, that I saw h[illegible] alive on Dec 5th 1915, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

1 Gastro-intestinal
Contributory (Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Gastro Paresis
Fract Lt Fib (Duration) — yrs. — mos. 1 ds.

(Signed) Edward Gilbert M. D.
Dec 6, 191.. (Address) 1359 Mott Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Dec 7, 191..
20-UNDERTAKER	ADDRESS
Jno H Ohse & Son	400 Mosher

important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 3544 Ash St. ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Edgar McCauley

(Residence in Baltimore: No. 3544 Ash St. St.; yrs., 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 1 (Day), 1915 (Year)

7-AGE, ...yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Hubert Cook

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Bessie L. McCauley

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Martha A. McCauley

(Address) 3544 Ash St.

15-
Filed DEC 6 - 1915, 191... HARRY D. ROBERTS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Bronchial

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

N. C. (Duration) ....yrs. ....mos. ....ds.

(Signed) Harry C. Wilson M. D. (Coroner)

Dec 6, 1915. (Address) 2364 Boston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Mary's (Hampden) DATE OF BURIAL, Dec 7, 1915

20-UNDERTAKER Horace Burger & Son ADDRESS 1631 Fallsd Road.

over

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Larrick.

(Residence in Baltimore: No. 112 East Madison St.; ... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, December 2, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ... mos. 4 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Baltimore City

PARENTS.

10-NAME OF FATHER, Fred Larrick

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Anna Chambers

13-BIRTHPLACE OF MOTHER (State or Country), West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Murray Jr. M.D.

(Address) Johns Hopkins Hospital

15- Filed DEC 6 - 1915, 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1915, to Dec 6 1915, that I saw h[e] alive on Dec 6 1915, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

Congenital Malformation Larynx

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Oesophageal Stricture

Trachea-oesophageal fistula

(Duration) ... yrs. ... mos. 1 ds.

(Signed) John G. Murray Jr. M. D.

Dec 6, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. 4 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 112 East Madison St

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery | DATE OF BURIAL, Dec 7, 1915

20-UNDERTAKER William Cook | ADDRESS 502 E North

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90172

CERTIFICATE OF DEATH.

92 C90172

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 923 N. Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank E. Cashare.

(Residence in Baltimore: No. 923 N. Saratoga St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, ~~Female~~ Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 22nd, 1853 (Month) (Day) (Year)

7-AGE, 62 yrs. 4 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoemaker.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Cashare

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Ulrich

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Cashare

(Address) 923 N. Saratoga

15- Filed DEC 7 - 1915 ROBERT J. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 5th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 6th 1915, to Dec 5th 1915, that I saw h im alive on Dec 5th 1915, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

.....

.....Lobar Pneumonia

..... (Duration) ....yrs. ....mos. 30 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Robt. D. Murray M. D.

Dec. 6th, 1915. (Address) 510 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Dec. 8th, 1915.

20-UNDERTAKER Mrs. Mrs John F. Teufel

ADDRESS 201 W. Fayette St.

CAUSE OF DEATH to be filled in plainly, preferably with ink, and all questions answered so far as possible. Every certificate should be signed and dated as soon as filled out. Be careful and exact in answering questions, especially those in regard to time, as they are important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90173

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90173

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 W. Hill ST.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elias Theodore

(Residence in Baltimore: No. 13 W. Hill St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... December, 1835.
(Month) (Day) (Year)

7-AGE, ... 80 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Grocer

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Thos. Theodore

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... E. Theodore

(Address) ..... 13 W. Hill st

15- DEC 7 - 1915 ROBERT J. KRAUSE
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... December 6, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan - 15, 1911, to Dec, 6 1915, that I saw him alive on Dec, 5 1915, and that death occurred, on the date stated above, at 12.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial
Nephritis
(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(Duration) yrs. 6 mos. ds.

(Signed) D. S. Crowley M. D.

Dec, 6, 1915 (Address) 1722 W Fay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 13 W. Hill st

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd — DATE OF BURIAL, Nov. 7, 1915

20-UNDERTAKER A. Levinson & Bro — ADDRESS 1107 E Balto st

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90174 CERTIFICATE OF DEATH. 37 C90174

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Broscoe

(Residence in Baltimore: No. 419 Tyson St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 1, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, 12 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Thomas Broscoe

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Grace Broscoe (correct)

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). John G. Murray Jr. M.D.

(Address) Johns Hopkins Hosp.

15. DEC 7 - 1915 Filed....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Dec 2 1915, that I saw h alive on Dec 2 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Congenital Syphilis

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) John G. Murray Jr. M. D.

Dec 7, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1/2 ds. In the State ....yrs. ....mos. 1 yr ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. DEC 8 - 1915, 191...

20-UNDERTAKER

ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

C90175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 C90175

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2023 Frederick St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Marie A. Schlaich

(Residence in Baltimore: No. 2023 Frederick St.; 40 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED, WIDOWED~~ OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July (Month) 17 (Day), 1859 (Year)

7 AGE: 56 yrs. 4 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: M. Reichardt

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Schlaich

(Address) 2023 Frederick Ave

DEC 7 - 1915 ROBERT . KRAUTER,

Filed ....., 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 4 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1915, to Dec 4 - 1915, that I saw her alive on Dec 4, 1915, and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Heart Failure
Arteriosclerosis
(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Cardiac Asthma
(Duration) yrs. 11 mos. ds.

(Signed) Emil Hilbert Hemming M. D.

Dec 7—, 1915. (Address) 2000 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Dec 7, 1915

20 UNDERTAKER: Geo. D. Gerber ADDRESS: Bates & Payne

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C901 6 — 50 — 30 years — C901 6

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 W Lafayette Ave St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas K Talley

(Residence in Baltimore: No. 631 W Lafayette Ave St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Unknown, 1862
(Month) (Day) (Year)

7-AGE, 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Thomas K Talley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elizabeth Dunaway

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George B. Talley

(Address) 63 W Lafayette Ave

15- DEC 7 - 1915 ROBERT . KRADO... Filed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 5, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1915, to Dec 5 1915, that I saw h— alive on Dec 5 1915, and that death occurred, on the date stated above, at 8 10 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes

Diabetes a 2 yrs

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene of leg

Diabetes a 2 (Duration) 4 yrs. 10 mos. 2 ds.

(Signed) Wm. M. E. Hurst M. D.

Dec 5, 1915. (Address) 1415 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State 30 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Richmond Va

DATE OF BURIAL, Dec 8 1915

20-UNDERTAKER Watkins Talley & Son

ADDRESS 606 Lafayette Ave

Property of Baltimore City Archives. Care statement of OCCUPATION is very important. See instructions on back of certificate.

C90177

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

C90177

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2711 W. Northern ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peyton R. Nowlin

(Residence in Baltimore: No. 2711 W Northern St.; 30 yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept 17, 1854 (Month) (Day) (Year)

7-AGE: 61 yrs. 2 mos. 18 ds. If LESS than 1 day, ... hrs. or — min.

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Book-keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Missouri

PARENTS

10-NAME OF FATHER: Peyton Nowlin

11-BIRTHPLACE OF FATHER (State or country): Missouri

12-MAIDEN NAME OF MOTHER: Garnett Appleman

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Nowlin

(Address) 2711 W. Northern

DEC 7 - 1915 Filed ROBERT . KRAUTER, Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 5, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1915, to Dec 5 1915; that I saw him alive on Dec 4 & 5, 1915; and that death occurred, on the date stated above, at 3 15 P.m. The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis (abt 4 yrs)
Paralysis of the Heart (few minutes)
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin Wheeler M. D.

Dec 6, 1915 (Address) 2129 W Northern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Dec 8, 1915

20 UNDERTAKER: Harry W. Ehler

ADDRESS 1944 W. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C90178

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90178

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann General Hospital St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Pearl I& Ed. A. Council

(Residence in Baltimore: No. 1612 Webster st St.; X yrs. X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Dec 6, 1915 (Month) (Day) (Year)

7-AGE. ....yrs....mos....ds. If LESS than 1 day, ..hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md. Balto

PARENTS.

10-NAME OF FATHER: Ed A. Council

11-BIRTHPLACE OF FATHER (State or Country): Balto. Md

12-MAIDEN NAME OF MOTHER: Pearl D. Kenney

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. Ed A. Council

(Address): 1612 Websters

15- DEC 7 - 1915 ROBERT . KRAUTH, Registrar.
Filed ....., 191.. Burial Permit ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from on Dec. 6 1915 191.., to ....191..,
that I saw him alive on Dec. 6 1915 191..,
and that death occurred, on the date stated above, at 4.15 P m.
The CAUSE OF DEATH* was as follows:

Dystocia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) C. Luis S. Tamb ....M. D.

Dec. 6, 191.5 (Address) 1432 William

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence Parents at 1612 Webster St

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	12/7, 191.5
20-UNDERTAKER	ADDRESS
J. Finn McCurley	39 E Fort

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90179

CERTIFICATE OF DEATH.

120 C90179

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Notre dame Convent (Asquith & Ashland Ave) ST.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister Mary Renovata Sauder

(Residence in Baltimore: No. Notre dame Convent Asquith-St Ashland Ave St.; yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August (Month) 12 (Day), 1852 (Year)

7-AGE, 63 yrs. 7 mos. 24 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Religious
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New Orleans La

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Blanche

(Address) Asquith & Ashland Ave

15- Filed DEC 7 - 1915 191 ROBERT . KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1915, to Dec 5 1915, that I saw h[er] alive on Dec 5 1915, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carbuncle inside septum

(Duration) yrs. mos. ds.

(Signed) J. D. Kelly M. D.

Dec 6, 1915 (Address) 110 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 9 mos. ds. In the State yrs. 3 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Notre dame Convent

19-PLACE OF BURIAL OR REMOVAL, Notch Cliff Md. | DATE OF BURIAL, Dec 8, 1915

20-UNDERTAKER Frank A. Fink | ADDRESS 910 N. Gay St

important. See instructions on back of certificate.

C90180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 C90180

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Fountain Harbor Frederick St Dock. ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonio Paoli

(Residence in Baltimore: No. 403 S. High St.; yrs. unknown mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Single

6-DATE OF BIRTH, ? (Month) ? (Day) 1891 (Year)

7-AGE, about 24 yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): General.

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Antonio Paoli

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. E. Hughes

(Address) 17 S. Broadway

15- Filed DEC 7 - 1915, 191... ALBERT J. KRAUTH Registrar. Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned how caused unknown
No signs of injury
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. H. Saunders (Coroner.) M. D.

Dec. 7..., 1915. (Address) 18 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincents Cemetery,	Dec 8, 1915
20-UNDERTAKER H E Hughes	ADDRESS 17 S Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90181 — 138 C90181 — REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Buchanan.

(Residence in Baltimore: No. 208 Bruce St.; 4 yrs., 6 mos. 0 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem | 4-COLOR OR RACE, Black | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Sept. 4, 1898 (Month) (Day) (Year)

7-AGE, 17 yrs. 7 mos. 7 da. | If LESS than 1 day, 0 hrs. 0 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Buchanan.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maud A Lee.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amanda Buchanan

(Address) 208 N. Bruce St.

15- DEC. 7 1915 ROBERT F. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-5-1916., to 12-6 1915., that I saw h[illegible] alive on 12-6-1915., and that death occurred, on the date stated above, at 3.55 A.m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(Duration) 0 yrs. 0 mos. 1 da.

CONTRIBUTORY (Secondary) Pregnancy

(Duration) 0 yrs. 9 mos. 0 da.

(Signed) P. L. Rush M. D.

12-6, 1915 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 0 da. | In the State 17 yrs. 2 mos. 07 da.

Where was disease contracted, if not at place of death? no

Former or usual residence 208 Bruce St city

19-PLACE OF BURIAL OR REMOVAL, Rock Hall Md | DATE OF BURIAL, Dec 9, 1915

20-UNDERTAKER Willet Brown. | ADDRESS 356 W Mount St.

Physician to fill out this certificate. Entire attention of PHYSICIAN is called to the importance of filling out this certificate. See instructions on back of certificate.

C90185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

REGISTERED No. C 90182

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 25 E. Randall st ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Burk

(Residence in Baltimore: No. 25 E. Randall st

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec 23 (Month) (Day), 1841 (Year)

7-AGE: 73 yrs. 11 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Grocery Store
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: John Burk

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Burk

(Address) 25 E. Randall st

15. Filed DEC 7 - 1915, 191 CHIEF CLERK, Burial Permit Clerk

REGISTRAR

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 5 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 4 1915, to Dec 5 1915, that I saw him alive on Dec 5 1915, and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 5 mos. ds

Contributory (SECONDARY) Unknown

(Duration) yrs. mos. ds.

(Signed) J. K. Weis M. D.

Dec 7, 1915 (Address) 926 N. Eutaw st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: 12/7, 1915

20-UNDERTAKER: J. Fenw McAuley — ADDRESS: 39 E Fort Ave

Spec.—8-24-14—M. & T.—2000 Bks.

(90183 HEALTH DEPARTMENT—CITY OF BALTIMORE 90183

CERTIFICATE OF DEATH. +1

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME M. Sheabahova

(Residence in Baltimore: No. University Hospital St.; ....yrs. 2 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Georgian

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1890 (Year)

7-AGE, 25 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)..... British Seaman

9-BIRTHPLACE, (State or Country), Japan

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of University Hosp.

(Address) Lombard & Greene Sts.

15- DEC 7 - 1915 Filed....., 191. [illegible] Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 5, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1915, to Dec 5 1915, that I saw h Cmolive on Dec 5 1917, and that death occurred, on the date stated above, at 8.50 a m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

O K W. J. H.

..... (Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Typhoid Fever

..... (Duration) ..... yrs. 1 mos. 15 ds.

(Signed) E. Howard Tompkins M. D.

12/7..., 191.5. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 23 ds. In the State ....yrs. 2 mos. 23 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence — Japan

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, Dec 7..., 191.5.

20-UNDERTAKER J. A. Cook

ADDRESS 1003 W. Baltimore St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 C90184

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; V Ward) REGISTERED No. C

2-FULL NAME Thomas Reynolds

(Residence in Baltimore: No. 1834 Gough St. St.; 40 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Oct. 26, 1857 (Month) (Day) (Year)

7-AGE, 58 yrs. 1 mos. 11 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wood Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, William Reynolds

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Margaret Murtha

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Reynolds

(Address) 1834 Gough St

15- DEC 7 - 1915 Filed, 191.., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 4 1915, to Dec 7 1915, that I saw him alive on Dec 7 1915, and that death occurred, on the date stated above, at 11:10 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis Stricture

(Duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Chronic

(Duration) yrs. mos. ds.

(Signed) Edward J. Smith M. D.

Dec 7, 191.5 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 1 mos. 2 ds. In the State 48 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1834 Gough St

Former or usual residence 1834 Gough St

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem DATE OF BURIAL, 12/9 191.5

20-UNDERTAKER, Chas F. Evans & Son ADDRESS 1180 W. Royal

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Stanislaw Kawazki

C90185

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90185

CERTIFICATE OF DEATH.

99

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Bank ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladyslaw Kawazki

(Residence in Baltimore: No. 1615 Bank St.: ...yrs., mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	White	Single

6-DATE OF BIRTH, ...November... (Month) ...17... (Day), 1915.. (Year)

7-AGE,	If LESS than 1 day,
...yrs. ...mos. 19 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Kawazki

11-BIRTHPLACE OF FATHER (State or Country), Poland - Russia

12-MAIDEN NAME OF MOTHER Alexandra Kawazki

13-BIRTHPLACE OF MOTHER (State or Country), Poland - Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Kawazki

(Address) 1615 Bank St.

15- DEC 7 - 1915 Filed ..., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...December... (Month) ...6... (Day), 1915.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 4 1915, to December 6 1915, that I saw him alive on December 6 1915, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Hamilton

Insanitis

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Stomatitis domestic

(Duration) ...yrs. ...mos. 5 ds.

(Signed) ... M. D.

Dec. 7, 1915 (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem. | DATE OF BURIAL, Dec. 8..., 1915

20-UNDERTAKER William Fiaskowski | ADDRESS, 1618 Eastern Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90186

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90186

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH University Hospital REGISTERED No. C

CITY OF BALTIMORE: (No. ..... ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Yardley

(Residence in Baltimore: No. 2006 Park Ave St.; ..... yrs., ... mos. ..... ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... unknown ....., 1845
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
70 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... of Dyeings

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas. F Yardley

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Elizabeth Turner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard T Yardley

(Address) 1206 Munsey Bldg

15- Filed DEC 8 - 1915, 191.. ROBERT A. GRAETER Registrar. Burial Permit Clerk.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec ..... 6 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1915, to Dec 6 1915, that I saw h.im alive on Dec 6 1915, and that death occurred, on the date stated above, at 2.45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 15 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia (Coma

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) R. L. Johnson M. D.

Dec 6., 1915 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 10 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Baltimore Md.

Former or usual residence 2006 Park Ave Baltimore Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	12/8/15, 191...
20-UNDERTAKER Henry W. Meins & Son	ADDRESS 805 N. Gilmor St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90187 C90187

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 N. Castle ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothea Ahrens

(Residence in Baltimore: No. 629 N. Castle St.; 64 33 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 31st, 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. 6 mos. 5 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora S. Marshall

(Address) 629 N. Castle

15- Filed DEC 8 - 1915, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 5, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 18 1915, to Dec. 4 1915, that I saw h[illegible] alive on [illegible] 1915, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) about 16 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) H. Ellenberg M. D.

Dec. 7, 1915 (Address) 1310 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	Dec 8.., 1915.
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

important. See instructions on back of certificate.

Emma Zingsheim

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90188 50 C90188

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 306 Mosher St.: 14 WARD)

(If death occured in a hospital or institution give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Emma Zingsheim

(Residence in Baltimore: No. 306 Mosher St.: yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Sept. 17, 1860 (Month) (Day) (Year)

7-AGE 55 yrs. 2 mos. 20 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): New York

PARENTS

10-NAME OF FATHER: Michael Knight

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Eliza Sullivan

13-BIRTHPLACE OF MOTHER (State or country): Canada

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. M. Zingsheim

(Address) 306 Mosher St.

15. DEC 8 - 1915 Filed ..., 191 ROBERT E. KRAUTER, Burial Permit ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec. 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 7 - , 1915, to Dec. 7 1915

that I saw h[illegible] alive on Dec. 7, 1915

and that death occurred, on the date stated above, at 9 P m

The CAUSE OF DEATH* was as follows:

Diabetes -

Uraemia

(Duration) 1 yrs. mos. ds.

Contributory (?) (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Wm. M. Baumebaker M. D.

Dec. 7, 1915 (Address) 1209 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Rochester N. Y. | DATE OF BURIAL: Dec 8 1915

20-UNDERTAKER: W Maurice Rowton | ADDRESS: 238 N Green

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 (90189 — 1182 (90189

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Miller

(Residence in Baltimore: No. Texas, Md. St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored	

6-DATE OF BIRTH, ?, 1 (Month) (Day) (Year)

7-AGE, 31 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Ammunition factory

9-BIRTHPLACE, (State or Country), ?

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police records

(Address)

15- Filed DEC 8 - 1915, 191 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 22, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemiplegia - Revolver wound abdomen & thigh

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Haemorrhage & shock.

(Duration) yrs. mos. 1 ds.

(Signed) Hy. R. Chambers M. D. (Coroner.)

Dec 7, 1915 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, DEC 7 - 1915, 19

20-UNDERTAKER Commissioner Health. ADDRESS

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90190 C90190

CERTIFICATE OF DEATH.

175 REGISTERED No. C

1 PLACE OF DEATH B & O R.R. + Guyon's Run

CITY OF BALTIMORE (No. foot Columbia Ave ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Unknown

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE. About 60 Unknown yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) U

(Address)

15 Filed DEC 8 - 1915 191 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 30th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by R. R. train Accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Saml. B. Grundorf M. D. (Coroner)

Dec. 6th, 1915 (Address) 2302 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, DEC. 7 - 1915

20-UNDERTAKER Commissioner Health. ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90191 C90191

CERTIFICATE OF DEATH.

8 X 109

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland Genl Hosp ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Williams

(Residence in Baltimore: No. Dorcas Md St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	colored	Married

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
32 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Do not Know

11-BIRTHPLACE OF FATHER (State or Country), " " "

12-MAIDEN NAME OF MOTHER " " "

13-BIRTHPLACE OF MOTHER (State or Country), " " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) R. L. Wright
(Address) Md. General Hospital.

15 DEC 8 - 1915 ROBERT J. KRAUTER,
Filed ....., 191... Burial Permit Clerk
Registrar.

Morgue

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1915, to Nov 24 1915, that I saw her alive on Nov 24 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

.....
.....
Intestinal Adhesions
..... (Duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction
..... (Duration) ... yrs. ... mos. 5 ds.

(Signed) C. W. Jeffers M. D.
Nov. 24, 1915. (Address) Md. Genl. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 21 ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ?
Former or usual residence Dorcas Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	DEC 7 - 1915 ....., 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

Per. Wm E. WOODALL

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90192

113 C90192

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2507 E. Preston ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Robert B. Perry (Perry)

(Residence in Baltimore: No. 2507 E. Preston St.: 2 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male. 4 COLOR OR RACE: White. 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July 12 (Month) (Day), 1840 (Year)

7 AGE: 75 yrs. 4 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Robert Perry

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rachel Atwell

13 BIRTHPLACE OF MOTHER (State or country): Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Philip J. Schwarzkopf.

(Address): 2502 E. Preston St

15. Filed DEC 8 - 1915, 19 ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 6 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1915, to Dec 5, 1915, that I saw him alive on Dec 4, 1915, and that death occurred, on the date stated above, at 3-45 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. — mos. — ds

Contributory (SECONDARY): Arteriosclerosis

(Duration) 7 yrs. mos. ds.

(Signed) Thos. F. Kelly M. D.

Dec 7, 1915 (Address) 729 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Dec. 9, 191

20 UNDERTAKER: Robt. Steiner ADDRESS: 1742 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90193 151 C90193

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Rosie Banaz

(Residence in Baltimore: No. 1119 McElderry St. St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. Oct 5, 1911
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
....yrs. 3 mos. ....da.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Tony Banaz

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Bessie Banaz

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. L. Wright

(Address) Md. Genl Hosp.

15-DEC 8 - 1915 ROBERT . BRADTAR, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 5th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 14th 1915, to Dec. 5th 1915, that I saw h.r alive on Dec. 5th 1915, and that death occurred, on the date stated above, at 7.05 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) 1 mos. 2 da.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....da.

(Signed) Frank E. Shipley M. D.

Dec. 5, 1915 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 21 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1119 McElderry St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
COLLEGE OF P. & S.	DEC 8 1915, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90194

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C90194

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2203 Druid Hill Ave ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Brown

(Residence in Baltimore: No. 2203 Druid Hill Ave St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married

6 DATE OF BIRTH Unknown, 1865
(Month) (Day) (Year)

7 AGE 50 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alex Brown

(Address) 1302 Mount St

15 DEC 8 - 1915 FOREST E. KRAUTER, Burial Permit Distr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 / 6 , 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11/14, 1915, to, 12/6 1915, that I saw h[illegible] alive on 12/5, 1915, and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis
+ Acute Regurgitation

To my knowledge Sec. of 11/14/15 (Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Uremia

(Duration) yrs. mos. 5 ds.

(Signed) J Bamphantz M. D.

12/6, 1915 (Address) 713 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	12/9, 1915
20 UNDERTAKER	ADDRESS
Samuel T Hawley	5732 Reisterstown Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90195

C90195

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 421 N. Monroe ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME. Emily J. Steward

(Residence in Baltimore: No. 421 N. Monroe St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March 12, 1841 (Month) (Day) (Year)

7-AGE, 74 yrs. 8 mos. 28 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Kent Co. Md.

PARENTS.

10-NAME OF FATHER, Ged. Ford

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Steward

(Address) Ellicott City Md

15- Filed DEC 8 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Dec. 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/4 1915, to 12/6 1915, that I saw h[er] alive on 12/6 1915, and that death occurred, on the date stated above, at 10 15 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis

Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY. (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) R. A. Warner M. D.

12/7, 1915. (Address) 1605 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Folchester Kent Co. Md.

DATE OF BURIAL. Dec. 8, 1915.

20-UNDERTAKER. E. M. Mitchell & Co.

ADDRESS 201 N. Fayette

Cause of death in plain terms, as much as may be property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C901196

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C901196

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 508 Brune ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Banks (colored)

(Residence in Baltimore: No. 508 Brune St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6-DATE OF BIRTH: unknown (Month) ..., 1 (Day) ..., ? (Year)

7-AGE: 49 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John Enes

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary Kennard

13-BIRTHPLACE OF MOTHER (State or country): U. S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Banks

(Address) 508 Brune st

15- AUGUST . KRAUTER, Filed DEC 8 - 1915 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. 5th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1915, to, Dec 5 1915, that I saw h.. alive on Dec 5 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

— (Duration) 1 yrs. — mos. — ds.

Contributory (SECONDARY) Overstaulation

(Duration) ... yrs. ... mos. ... ds.

(Signed), Edward J. Whalley M. D.

Dec 8, 1915. [Address] 1200 Dixon ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Dec 8th, 1915

20-UNDERTAKER: John H Stockum — ADDRESS: 142 N Bell st

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90197 — 92 — C90197

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1712 E. Biddle St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Reichert

(Residence in Baltimore: No. 1712 E. Biddle St. St. 31 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: June 28th, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. 5 mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Annie Voltz
(Address) 1712 E. Biddle St.

15- DEC 8 - 1915, 191.. Burial Permit Issued
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: December 5th, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from November 28th 191 5, to December 5th 191 5, that I saw h Er alive on December 5th 191 5, and that death occurred, on the date stated above, at 3 "P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Advanced Age

(Duration) ..... yrs. ..... mos. ..... ds.

Wm. H. Welz M. D.

Dec. 6th 191 5. (Address) 1034 N. Carolene St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem — DATE OF BURIAL, Dec 8, 1915

20-UNDERTAKER J. Harris & Co — ADDRESS 200 E. Fayette

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90198 146 C90198

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp.; 6 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ronald Wheeler

(Residence in Baltimore: No. 2827 Philadelphia Ave St.; 8 yrs., 0 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 10, 1907
(Month) (Day) (Year)

7-AGE, 8 yrs. — mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto-Md.

PARENTS.

10-NAME OF FATHER, J. B. Wheeler.

11-BIRTHPLACE OF FATHER, (State or Country). Washington D.C.

12-MAIDEN NAME OF MOTHER Elsie Seddon.

13-BIRTHPLACE OF MOTHER (State or Country) Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. Phelps

(Address) Johns Hopkins Hosp.

15- Filed DEC 8 - 1915, 191.....

ASST. KRAUTH, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27, 1915, to Dec 7 1915, that I saw h— alive on Dec 7 1915, and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows:
Acute Osteomyelitis femur
Septicemia (Streptococcus)
..... (Duration)..yrs..mos..7..ds.

CONTRIBUTORY.....
(Secondary)
.....(Duration)..yrs..mos..ds.

(Signed) W. S. Bond M. D.

Dec 7, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 10 ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 2827 Philadelphia Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore County. DATE OF BURIAL, Dec 9, 1915

20-UNDERTAKER Wm Cook ADDRESS 507 E. Pr. St.

CAUSE OF DEATH must be plainly stated, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90199

HEALTH DEPARTMENT—CITY OF BALTIMORE

156 C90199

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2037 E Hoffman ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Heim

(Residence in Baltimore: No. 2037 E Hoffman St.) 79 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... September ....., 1 .....
(Month) (Day) (Year)

7-AGE, 36 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Andrew Kellmyer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lena Bomber

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr George A Heim

(Address) 2037 E. Hoffman

15-

Filed DEC 8 - 1915, 191... ROBERT . KRAUSE
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec 6th ....., 191..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) ..... find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Cerebral Hemorrhage Sec

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. | In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Dec 9, 1915
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90200 C90200

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1327 W. Fayette St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Barrett Lenthicum

(Residence in Baltimore: No.) 1327 W. Fayette St. St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Nov. (Month) 26 (Day), 1834 (Year)

7-AGE, 81 yrs. mos. 11 da. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Physician
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John H. S. Lenthicum

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Julia Barrett

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. S. Lenthicum

(Address) 1327 W. Fayette St.

15- DEC 8 - 1915 ROBERT . KRAUTH,
Filed ....., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 7. (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 5 1915, to Dec 7. 1915, that I saw him alive on Dec 6, 1915, and that death occurred, on the date stated above, at 6. 10 A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) Paralysis & Heart

(Duration) yrs. mos. 1 da.

(Signed) [illegible] M. D.

Dec. 7., 191.5, (Address) 1733 Walbrook

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
London Park Cy	Dec. 10, 1915
20-UNDERTAKER	ADDRESS
Stuart & Mowen Co	108 W North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90201 152 C90201

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 Leslie ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Butler.

(Residence in Baltimore: No. 1527 Leslie St.; 0 yrs., 0 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, 12 (Month) 6 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 16 hrs. or 30 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country). Bal. Md.

PARENTS.

10-NAME OF FATHER. Alfred Brett

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Edna Butler

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rhea Butler

(Address) 1527 Leslie

15. DEC 8 - 1915 Filed, 191. ROBERT J. KRAUTAR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-6 1915, to 12-7 1915, that I saw h[illegible] alive on 12-7 1915, and that death occurred, on the date stated above, at 11 8 m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) P. L. Rush M. D.

12-8, 1915. (Address) Home Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Dec 8, 1915

20-UNDERTAKER James H Dunn — ADDRESS 538 Russell

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90202

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90202

CERTIFICATE OF DEATH.

78

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 St. Paul ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Albert Hulme

(Residence in Baltimore: No. 2201 St Paul St ST.: 26 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 12 (Day), 1864 (Year)

7-AGE, 51 yrs. 5 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Majestic Pool & Billiards

9-BIRTHPLACE, (State or Country), Cecil Co. Md.

PARENTS.

10-NAME OF FATHER, Thomas Albert Hulme

11-BIRTHPLACE OF FATHER (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER, Hannah Elizabeth Campbell

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia - Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hannah Elizabeth Hulme

(Address) 2201 St. Paul St.

15- Filed DEC 8 - 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 5th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1915, to Dec 5th 1915, that I saw h[illegible] alive on Dec 4th 1915, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis with acute Cardiac dilation

(Duration) ....yrs. 7 mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Rheumatism

(Duration) 3 yrs. — mos. — ds.

(Signed) [illegible] M. D.

Dec 7, 1915. (Address) 6 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL. Dec 9, 1915

20-UNDERTAKER J. B. Cook

ADDRESS 1003 W. Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Catherine Rayne.

C90203

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90203

CERTIFICATE OF DEATH. 172

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 W Lexington ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Rayne

(Residence in Baltimore: No. 1819 W. Lexington St.; 62 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct 16, 1835
(Month) (Day) (Year)

7-AGE, 80 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Peter Feeney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Connelly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Ella Rayne

(Address) 1819 W. Lexington St.

15- Filed DEC 8 - 1915, 191.... ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 7th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1915, to Dec 6th 1915, that I saw ... alive on Dec 6th 1915, and that death occurred, on the date stated above, at 8 1/2 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) ... yrs. 4 mos. 3 ds.

CONTRIBUTORY (Secondary) Fractured Hip

Accidental fall down steps

(Duration) ... yrs. 3 mos. ... ds.

(Signed) Stephen Dixon M. D.

Dec 7, 1915. (Address) 1327 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Dec 10, 1915

20-UNDERTAKER J. A. Block ADDRESS 1003 W Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAKE A PHOTOSTAT

Spec.—8-24-14—M. & T.—2000 Blks.

C90204 HEALTH DEPARTMENT—CITY OF BALTIMORE C90204

CERTIFICATE OF DEATH. REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kelley

(Residence in Baltimore: No. 2835 Hampden Ave. St.; Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	single

6-DATE OF BIRTH August (Month) 4th (Day), 1907 (Year)

7-AGE, 8 yrs. 4 mos. 3 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Kelly

11-BIRTHPLACE OF FATHER (State or Country) England

12-MAIDEN NAME OF MOTHER Mary Lee

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kelly

(Address) 2835 Hampden Ave

15- DEC 8 - 1915 Filed, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27 1915, to Dec. 7 1915, that I saw h[illegible] alive on Dec. 7 1915, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Chronic Dilatation

not known (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) Oscar V. Pinkardt M. D.

Dec. 7, 1915 (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State Lifetime yrs. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 2835 Hamden Ave.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. | DATE OF BURIAL, Dec 9th, 1915

20-UNDERTAKER Chas. E. Evans & Son ADDRESS 118 Dont Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

C90205

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90205

CERTIFICATE OF DEATH.

REGISTERED No. C 18

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis J Carroll

(Residence in Baltimore: No. 3314 Alto ave St.; 11 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug (Month) Unknown (Day) 1883 (Year)

7-AGE, 32 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Bartender
(b) General nature of industry, business, or establishment in which employed (or employer) Signa Tinners

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Carroll

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Mallone

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Vincent Brooks

(Address) 3314 alto Ave

15- Filed DEC 8 - 1915, 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 7 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1915, to Dec 7 1915, that I saw h[illegible] alive on Dec 7 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chr Alcoholism

Delirium Tremens

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Ac Myocarditis

(Duration) yrs. mos. 1 ds.

(Signed) Ernest Hyg Ring M. D.

Dec 7, 1915. (Address) 98 Johns Hop

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 11 yrs. mos. ds.

Where was disease contracted, if not at place of death? 3314 alto ave

Former or usual residence 3314 alto ave

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem — DATE OF BURIAL, 12/10, 1915

20-UNDERTAKER Thos F Cowd & Son — ADDRESS 118 W Mt Royal Ave

CAUSE OF DEATH must be plainly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90206 — CERTIFICATE OF DEATH — 154 C90206

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1514 Aisquith ST.: 9 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Hugh Curley

(Residence in Baltimore: No. 1514 Aisquith St.: 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH ..... (Month) ..... (Day) 1846 (Year)

7 AGE 69 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Teamster
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ireland

PARENTS

10 NAME OF FATHER Burnet Curley

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Brooks

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm F. Curley

(Address) 1514 Aisquith St

15 DEC 8 - 1915 [illegible] Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 6, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1915, to Dec 6 1915, that I saw h[illegible] alive on Dec 6, 1915, and that death occurred on the date stated above, at 9 3/4 a m.
The CAUSE OF DEATH* was as follows:

Senility

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds

(Signed) J H Robertson M. D.

Dec 7, 1915 (Address) 726 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL New Cathedral — DATE OF BURIAL Dec 9, 1915

20 UNDERTAKER Wendell Dapple Co — ADDRESS 3781 —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C90207

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 N. Fulton Ave. St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Luby

(Residence in Baltimore: No. 1520 N. Fulton Ave. St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married.

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Bar tender.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER. Daniel Luby.

11-BIRTHPLACE OF FATHER (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Mary Keating

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Luby

(Address) 1520 N. Fulton Ave.

15- Filed DEC 8 - 1915, 191. MARY C. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 5, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 2. 1915, to Dec. 5 1915., that I saw him alive on Dec 5 1915, and that death occurred, on the date stated above, at 5.40 P.M.

The CAUSE OF DEATH* was as follows:

Double. Pneumonia. (Lobar)

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Weakness.

(Duration) yrs. 12 mos. hrs.

(Signed) A. S. Driscoll M. D.

Dec. 7, 1915. (Address) 512 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. DATE OF BURIAL. Dec. 9. 1915

20-UNDERTAKER Martin Cushing ADDRESS 20 Lafayette Ave

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C90203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C90203

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Vincents Inft Asy. ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME Gabriel Stewart

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs. 2 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Sept. (Month) 11 d. (Day), 1915 (Year)

7-AGE, ...yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St

15- Filed DEC 8 - 1915 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 6 d. (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1915, to Dec. 6 d 1915, that I saw him alive on Dec. 6 d 1915, and that death occurred, on the date stated above, at 7.45 P.M.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. 2 mos. ....ds.

(Signed) [illegible] M. D.

Dec. 8, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 26 ds. In the State yrs. 2 mos. 26 ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, Dec. 8 .... 191.5

20-UNDERTAKER A. Fahey & Son ADDRESS 606 Lafayette Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90209 C90209

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infnt Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mark Johnson

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ...yrs., 2 mos. 3 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. 4th, 1915. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
...yrs. 2 mos. 3 ds.	...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St.

15- DEC 8 - 1915 Filed ..., 191... Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 4 1915, to Dec. 7 1915, that I saw h im alive on Dec. 7 1915, and that death occurred, on the date stated above, at 11.00 a. m.

The CAUSE OF DEATH* was as follows:

(a) Bronchopneumonia

(Duration) ...yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ... mos. ... ds.

(Signed) Patrick O'Dwyer M. D.

Dec. 8, 1915. (Address) 56 Rue St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 3 ds. In the State yrs. 2 mos. 3 ds.

Where was disease contracted if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Dec 8, 1915

20-UNDERTAKER M Faherty Sons 606 Lafayette Av

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90210

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1014 C90210

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 W. 29th St. 12th Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Ada B. Smith

(Residence in Baltimore: No. 416 W. 29th St.; 41 yrs. [redacted] mos. [redacted] ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: Aug (Month) 10th (Day) 1882 (Year)

7-AGE: 33 yrs. 3 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John A. Null

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Jane Louise Lewis

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Calvin B. Smith

(Address) Arlington Md.

15- Filed DEC 8 - 1915, 191

KIRBY D. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 7th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 8, 1915, to, Dec 7 1915, that I saw h.e.r. alive on December 7 1915, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion & Shock

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Bowel Obstruction Diagnosis confirmed Patient refused to go to hospital

(Duration) yrs. mos. 2 ds.

(Signed) L. a Richardson M. D.

Dec-8, 1915. [Address] 112 W. 23th St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Freedom Pa. DATE OF BURIAL: Dec 9 1915

20-UNDERTAKER: Edi Roy Stiffler ADDRESS: 8440 W. 36th St

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state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90211

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90211

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Edmondson Ave ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellie Russell

(Residence in Baltimore: No. 811 Edmondson Ave St.; 37 yrs. 1 mos. 14 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH. Oct (Month) 22 (Day) 1878 (Year)

7-AGE. 37 yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Michael S. Brooks

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Butler

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Russell

(Address) 811 Edmondson Ave

15- Filed DEC 8 - 1915 191. HARRY S. [illegible], Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1914, to Dec 6 1915, that I saw h[illegible] alive on Dec 6 1915, and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic vascular heart disease
intest. nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) nephritis

(Duration) 1 yrs. 7 mos. ds.

(Signed) H. E. Kunft M. D.

Dec 6, 1915. (Address) 1052 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	12 9, 1915.
20-UNDERTAKER H. Cummings Son	ADDRESS 307 N Schroeder St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90212 64 C90212

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Aged Home 111 Cosgrove ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myer Coden

(Residence in Baltimore: No. 206 S. Eden St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH, ... (Month) ....., (Day) 1843 (Year)

7-AGE, 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: shoe maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER, Philip Cohen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fagie Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hyman Goldman

(Address) 111 Cosgrove St

15- DEC 9 - 1915 Filed ....., 191.. ROBERT A. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 8, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 12 1914, to Dec. 7 1915, that I saw h im alive on Dec. 8 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) H. A. Michelson M. D.

Dec. 9, 1915. (Address) 1420 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 206 S. Eden St

19-PLACE OF BURIAL OR REMOVAL, Mt. Sinai

DATE OF BURIAL, Dec. 9, 1915

ADDRESS 1107E

20-UNDERTAKER S. Levinson & Bro

ADDRESS Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90213

CERTIFICATE OF DEATH.

10 C90213

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 Ringgold ST.; 21 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Neal

(Residence in Baltimore: No. 327 Ringgold St St.: 20 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1877 (Year)

7-AGE,	If LESS than 1 day,
38 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Oyster Wagon

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Neal

(Address) 327 Ringgold St

15- DEC 9 - 1915 ROBERT J. KRAUSE, Registrar. Burial Permit Oi 2?4

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month), 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1915, to Dec 6 1915, that I saw him alive on Dec 6 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(Duration) yrs. mos. 6 ds.

(Signed) Edwin Greenbaum M. D.

Dec 8, 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Dec. 9, 1915
20-UNDERTAKER John H. Toadvine	ADDRESS 142 W. Hill St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks. Delores a. Knecht.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90214 C90214

CERTIFICATE OF DEATH. 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Wrath ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena A Knecht

(Residence in Baltimore: No. 1906 Wrath St.; life yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... June (Month) 17 (Day), 1915 (Year)

7-AGE, ... yrs. 5 mos. 10 da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Louis Knecht

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Emma Salzman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Knecht

(Address) 1906 Wrath

15- Filed DEC 9 - 1915, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1915, to Dec 7 1915, that I saw h[illegible] alive on Dec 7 1915, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Contusion of Cerebrum.

(Duration) ..... yrs. ..... mos. 4 da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Jno. Chas. A. Ely M. D.

12-8, 1915. (Address) Forrest & Linden Aves.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. | DATE OF BURIAL, Dec. 9, 1915.

20-UNDERTAKER Knell & Son | ADDRESS 1729 N Broadway

KOHART & KRAUTHOFF
Burial Permit Clerk.

C90215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 C90215

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 55 W West St ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizebeth Fowler

(Residence in Baltimore: No. 55 W West St St.: yrs. Fife mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 39 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Thomas

(Address) 203 Plum Alley

15- DEC 9 - 1915 Filed ..., 191... Burial Permit Clerk / Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis

Duddon

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ... yrs. Sudden mos. ... ds.

(Signed) Edw Blanchard (Coroner.) M. D.

Dec 6, 1915. (Address) 517 Scott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Dec 10, 19 15
20-UNDERTAKER	ADDRESS
A. F. Brown & Son	1 Mt

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90216

81 C90216

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead Mercy Hospital ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Williams

(Residence in Baltimore: No. Lodging House St.; yrs. about 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	?

6-DATE OF BIRTH, ? (Month) (Day), 1 (Year)

7-AGE,	If LESS than 1 day,
about 70 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None—
(b) General nature of industry, business, or establishment in which employed (or employer): G.A.R. Veteran.

9-BIRTHPLACE, (State or Country), ?

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police records.

(Address)

15- DEC 9 - 1915 191 ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 17 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(Duration) yrs. mos. ds.

(Signed) Thos. R. Chambers M. D. (Coroner.)

Dec. 7, 1915 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
U.S. National Cemetery	Dec. 10 1915
20-UNDERTAKER H. Thornton	ADDRESS 230 N. Green

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90217 — 92 C90217

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 404 E. North ave St.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick P. Jackson

(Residence in Baltimore: No. 404 E North ave St.; 61 yrs., — mos. 25 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, November (Month) 12th (Day), 1854 (Year)

7-AGE, 61 yrs. — mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Passenger Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): Penna RR Co

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Chas M Jackson

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Julia Barnman

13-BIRTHPLACE OF MOTHER (State or Country): Manchester Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Clara Bauer Jackson

(Address) 404 E North ave

15- DEC 9 — 1915 [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2d 1915, to Dec 7th 1915, that I saw h[illegible] alive on Dec 7th 191[illegible], and that death occurred, on the date stated above, at 705 P. m.

The CAUSE OF DEATH* was as follows:

[illegible] Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cardio vascular failure

from (Duration) yrs. mos. 1 ds.

(Signed) C. W. Mitchell M. D.

Dec 7, 1915. (Address) 1 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Dec 10th, 1915.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1111 E Monument St

Rose Hubert

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE.

C90218 118 C90218

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Hubert

(Residence in Baltimore: No. 558 W. Hoffman St.; 18 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1886 (Year)

7-AGE, 29 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Lawrence Halton

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Emma Coates

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Hubert

(Address) 1019 Penn ave

15. Filed DEC 9 - 1915, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1915, to Dec 7 1915, that I saw her alive on Dec 6 1915, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

.....

Cut pharynx Abscess

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) J. H. Poulson M. D.

Dec. 7..., 1915.. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 15 ds. In the State 29 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 558 Hoffman St

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Dec 9..., 191..

20-UNDERTAKER John H Owens — ADDRESS 1122 Druid

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90219

104 C90219

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon Enoviah Jantorvial

(Residence in Baltimore: No. 1917 Fleet St; St.; ....yrs. 7 mos. ds.)

Life

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June (Month) 5 (Day), 1912 (Year)

7-AGE ....yrs. 6 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, James Enoviah

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Florence Jonka

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hospital

15- ROBERT J. KRAUTER, Burial Permit Clerk.

DEC 9 1915 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 8 (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 5, 1915, to Dec 5, 1915 that I saw h[illegible]ive on Dec 5, 1915, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia Intestinal

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W. Rosenthal M. D.

Dec 9, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. Life mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1917 Fleet St.

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus.

DATE OF BURIAL, Dec 10th, 1915.

20-UNDERTAKER M. F. Sadowski.

ADDRESS 905 S. Ann

C90220

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 C90220

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 705 Gorsuch Ave. St.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Susannah E. McComas

(Residence in Baltimore: No. 705 Gorsuch ave St.: 70 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): widowed

6 DATE OF BIRTH: July 12 (Month) (Day), 1824 (Year)

7 AGE: 91 yrs. 4 mos. 26 ds. If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: James C. Morford

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Fowler

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna E. McComas

(Address) 705 Gorsuch Ave

15 Filed DEC 9 - 1915 ROBERT . KRAMER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 7- (Month) (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1915, to Dec 7. 1915, that I saw her alive on Dec 7- 1915, and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows:

Senile Debility

contributory.

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY) — — — —

(Duration) — yrs. — mos. — ds.

(Signed) H. E. Prentiss M. D.

Dec 7- 1915 (Address) 634 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Dec. 10. 1915

20 UNDERTAKER: E. W. Mitchell & Co — ADDRESS: 611 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90221 — 120 — C90221

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 Eager ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjiman Franklin Mosher

(Residence in Baltimore: No. 1747 Eager St.; Life yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 29 (Day), 1842 (Year)

7-AGE, 73 yrs. 8 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, Joseph Mosher

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eliza Francis Melon

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas F. Mosher

(Address) E 20 N. Lakewood Ave

15- Filed DEC 9 - 1915 ROBERT . KRAETER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 7 1915, to Dec 8 1915, that I saw him alive on Dec. 8 1915, and that death occurred, on the date stated above, at 10.45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) unknown ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(Duration) unknown mos. ds.

(Signed) Athos Hachew M. D.

Dec 8., 1915. (Address) 1003 N. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Dec 10., 1915.

20-UNDERTAKER Fiedler & Fiedler — ADDRESS 1739 E. Eager st

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90222

CERTIFICATE OF DEATH

C90222

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1308 Harford Ave St.: 9 WARD)

Registered No. C 19

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Wiley

(Residence in Baltimore: No. 1308 Harford Ave St.: 9 WARD)

Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem.

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec 28, 1906 (Month) (Day) (Year)

7-AGE: 8 yrs. 11 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Wm Wiley

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Margt Gork

13-BIRTHPLACE OF MOTHER (State or country): Lutkumm

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Margt Wiley

(Address) 1308 Harford Ave

15. Filed DEC 9 - 1915, 191 ROSAST . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1915, to Dec 7, 1915, that I saw h[illegible] alive on Dec 7, 1915, and that death occurred, on the date stated above, at 11.45 P.M.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Acute Endocarditis

(Duration) yrs. mos. 16 ds.

(Signed) Bernard Lewis M. D.

12/8, 1915 (Address) 914 E Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 10, 1915

20-UNDERTAKER: Henry Lutz

ADDRESS: 1007 N. Bond St

C90223

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C90223

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Miller

(Residence in Baltimore: No. 1620 Madison Ave - St.; yrs. mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Dec 3rd, 1915 (Month) (Day) (Year)

7-AGE — yrs. — mos. 6 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto md

PARENTS

10-NAME OF FATHER Sam Miller

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Jennie Hankin

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. Miller

(Address) 1620 Madison Ave

15- DEC 9 - 1915 ROBERT . KRAUTH, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec 9th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1915, to Dec 9, 1915, that I saw him alive on Dec 9, 1915, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Nurses Roaken M. D.

12-9-, 1915. (Address) Hebrew Hospl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. 6 ds. In the State ... yrs. ... mos. 6 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Holy Mt Carmel | DATE OF BURIAL Dec 9, 1915

20-UNDERTAKER S. Lemmon Bro | ADDRESS 1107 E Balto St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

167

C90224

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: Maryland General Hospital,
CITY OF BALTIMORE (No. Linden ave. & Malison st. ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Katherine Williams,

(Residence in Baltimore: No. 580 Greenwillow street, St.; yrs., life mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, June (Month) 28th (Day), 1911. (Year)

7-AGE, 4 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Harrison Williams,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Mildrel Young,

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mildred Williams, mother.

(Address) 580 Greenwillow street.

15- DEC 9 - 1915 FORREST E. KRAETER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 7th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock following burns of the 2nd degree caused by her dress accidentally catching fire at a stove,

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Carelessness on part of parent, (Duration) ....yrs.....mos.....ds.

(Signed) J. Frederick Kempel M. D. (Coroner.)

Dec. 7th 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. 3 hours ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 580 Greenwillow street,

Former or usual residence Ditto,

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	12/9, 1915

20-UNDERTAKER	ADDRESS
Samuel T Kemsley	578 W Biddle

Mary M. Foryciak

HEALTH DEPARTMENT---CITY OF BALTIMORE

C90225 C90225

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C.....

CITY OF BALTIMORE: (No. 4033. Norris St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

2-FULL NAME Mary Margaret Foryciak

(Residence in Baltimore: No. 4033 S. Norris st — St.; 1 yrs. 5 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: July 4th (Month) (Day) 1914 (Year)

7-AGE: 1 yrs. 5 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto city

PARENTS

10-NAME OF FATHER: Stephen F. Foryciak

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Martha Maryziana

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Stephen Foryciak

(Address) 4033 S. Norris st

15- Filed DEC 9 - 1915 ROBERT J. KRAUSER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 8th (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 8" 1915, to Dec 8" 1915, that I saw her alive on Dec 8" 1915, and that death occurred, on the date stated above, at 3:20 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

(Duration) ... yrs ... mos 1 ds.

Contributory (SECONDARY) Laryngeal Diptheria

(Duration) ... yrs ... mos 1 ds.

(Signed) Wm. J. F. Blayney M. D.

Dec 8 1915 [Address] 1108 S. Ellwood Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Dec 9 1915

20-UNDERTAKER: William Fiaufowski — ADDRESS: 1618 Eastern Ave.

1 P.M.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90225 C90223

CERTIFICATE OF DEATH.

124

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 401 N. Linwood ave. St., 6 WARD)

2-FULL NAME George A. Ackerman

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 481 N. Linwood ave St.; 60 yrs. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. May 28th (Month) (Day), 1845 (Year)

7-AGE, 70 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Tailor

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Andrew Ackerman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Jacobena Schocker

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George J. Ackerman

(Address) 481 N. Linwood ave

15-
Filed DEC 9 - 1915, 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 7th (Month) (Day), 191 5. (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov. 30 191 5, to Dec 7 191 5, that I saw h[illegible] alive on Dec 7 191 5, and that death occurred, on the date stated above, at 10 [illegible] m.

The CAUSE OF DEATH* was as follows:

Uremic Septicemia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Abscess Bladder

(Duration) ....yrs. 2 mos. ....ds.

(Signed) C. L. Mayer M. D.

Dec 7, 191 5. (Address) 401 N. Lakewood ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec 10, 191 5.

20-UNDERTAKER Tully & Zink — ADDRESS 403 S. [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90227

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90227

CERTIFICATE OF DEATH.

9

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2432 Foster Ave ST.; 1 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia M Horner (Horne)

(Residence in Baltimore: No. 2432 Foster Ave St.: 2 yrs., 5 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 17th (Day), 1913 (Year)

7-AGE, 2 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George J. Horner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Annie E Gehrmann

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George J. Horner

(Address) 2432 Foster Ave

15-

Filed DEC 9 - 1915 ROBERT . KRAETER, Burial Permit Clerk

Registrar.

8 P. M.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 8th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8th 1915, to Dec 8 1915, that I saw h[er] alive on Dec 8th 1915, and that death occurred, on the date stated above, at 9 30 p m.

The CAUSE OF DEATH* was as follows:—

Laryngeal Diphtheria

(Duration) ..... yrs. .... mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions Paralysis

(Duration) ..... yrs. .... mos. .... ds.

(Signed) I Emmett J. Geiman M. D.

Dec 9th, 1915. (Address) 1801 E. Baltimore Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem.

DATE OF BURIAL, Dec 9th, 1915

20-UNDERTAKER Lilly & Feiler

ADDRESS 4038 Norfolk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90223

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C90223

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 400 N. Fremont Ave ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Joseph Voigt.

(Residence in Baltimore: No. 400 N. Fremont Ave St. 51 yrs. 5 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July 4th, 1864 (Month) (Day) (Year)

7 AGE: 51 yrs. 5 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Proprietor,
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary Store

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown,

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ena B. Voigt

(Address) 400 N Fremont Ave

15. Filed DEC 9 - 1915 1915 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 8th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28th, 1913. to. Dec 8th 1915. that I saw him alive on Dec 7th, 1915. and that death occurred, on the date stated above. at 2.05 a. m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. 4 mos. 10 ds

Contributory (SECONDARY) Hypertrophy of heart, Mitral insufficiency

(Duration) 2 yrs. 4 mos. 10 ds.

(Signed) Edw. T. Timmes M. D.

Dec 8th, 1915 (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Dec 11, 1915

20 UNDERTAKER: Wilbur W. Shriver,

ADDRESS: 1018 Edmondson ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90229 — 154 — C90229

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Somerset St.: 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna R. Reamer

(Residence in Baltimore: No. 1015 Somerset St. St.; 75 yrs.. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Not Known (Month) ..... (Day), 1 (Year)

7-AGE, Over 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Harmska

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Theresa Fink

(Address) 1015 Somerset St

15- Filed DEC 9 - 1915 KOHLER . KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27 1915, to Dec. 7 1915, that I saw her alive on Dec. 7 1915, and that death occurred, on the date stated above, at 8:10 P m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) yrs. mos. ds.

(Signed) H. J. Tebald M. D.

Dec. 8th, 1915. (Address) 1801 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Dec. 9, 1915

20-UNDERTAKER Henry Hauck & Son

ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90230

CERTIFICATE OF DEATH.

103 C90230

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 E. Madison ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick J. Clarke

(Residence in Baltimore: No. 1024 E Madison St.; 39 yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Not known ..... (Month), 1 (Day), ... (Year)

7-AGE, 39 yrs. \ mos. \ ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Horse shoer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Bernard Clarke

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anne Clarke

(Address) 1024 E Madison St

15- Filed DEC 9 - 1915 191... ROBERT J. KRABTREE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 8 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Dec 8 1915, that I saw h... alive on Dec 7 1915, and that death occurred, on the date stated above, at 5-50 a m.

The CAUSE OF DEATH* was as follows: Catarrhal Gastritis

..... (Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Gastro Intestinal Catarrh

..... (Duration) ... yrs. ... mos. 2 ds.

(Signed) [illegible] M. D.

12/8/15, 191... (Address) 311 S Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery — DATE OF BURIAL, Dec. 11..., 1915

20-UNDERTAKER Henry Hooke & Son — ADDRESS 1301 E Eager St

C90231

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C90231

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 300 E 21st ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Sheehan.

(Residence in Baltimore: No. 300 E 21st St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: ..... (Month) ....., 1829 (Year)

7-AGE: 86 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Pat Patrick Kelly

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Julia Lavin

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia Sheehan

(Address) 300 E 21st St

15. Filed DEC 9 - 1915 ROBERT J. KRAUSE, Burial Permit Clerk. REGISTRAR

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1915, to Dec 9 1915, that I saw h[er] alive on Dec 8, 1915, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) E McCandless M. D.

12/9/15, 191.. (Address) 32 E 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cathedral — DATE OF BURIAL: Dec 11, 1915

20-UNDERTAKER: C. A. Kiefaber Jr. — ADDRESS: Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C90232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

39 C90232

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Maryland Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Wirt Randall Brown

(Residence in Baltimore: No. 2208 Maryland Ave St.; 70 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 20 (Day) 1850 (Year)

7-AGE, 65 yrs. 3 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lady at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Annapolis Md.

PARENTS.

10-NAME OF FATHER, Alexander Randall

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Katharine Wirt

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Griffin

(Address) 2208 Maryland Ave

15 DEC 9 - 1915 MARY C. ANDREWS, Special Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from — 1900, to December 1915, that I saw h[er] alive on Dec 8 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows: -

Epithelioma of Jaw

Pathological

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Thomas H Brown M. D.

Dec 9, 1915 (Address) 19 W Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md — DATE OF BURIAL, Dec 10, 1915

20-UNDERTAKER Henry W. Jenkins Sons Co — ADDRESS McCulloh Orchard

Spec.—8-24-14—M. & T.—2000 Blks.

C90233

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90233

64

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1470 N Carey ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Donnelly

(Residence in Baltimore: No. 1470 N Carey St.; 47 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) About 1852 (Year)

7-AGE, About 63 yrs. ..... mos. ..... ds.	If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Edw Nesbit

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margt Dunn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Enoter

(Address) 1470 N. Carey St.

15- DEC 9 - 1915 Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1915, to Dec 8 1915, that I saw h.. alive on Dec 1915, and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Coma

..... (Duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) W. O Fore M. D.

Dec 9, 1915. (Address) 836 W. Mont a

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters	DATE OF BURIAL, Dec 11, 1915.
20-UNDERTAKER W. H. Gaither & Son	ADDRESS 1624 W. Pratt St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90234

CERTIFICATE OF DEATH.

81 C90234

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 933 Eastern ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Maria Kolb

(Residence in Baltimore: No. 933 Eastern ave St.; 70 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 29 (Day), 1833 (Year)

7-AGE, 82 yrs. 6 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Keeper.....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Kolb

(Address) 933 Eastern ave

15- DEC 9 - 1915 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Dec 7 1915, that I saw h alive on Dec 7 1915, and that death occurred, on the date stated above, at 6 15 m.

The CAUSE OF DEATH* was as follows:

[redacted] old age

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) 11 yrs. mos. ds.

(Signed) J. J. [illegible] M. D.

Dec 7 1915. (Address) 6 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer Cem

DATE OF BURIAL, Dec 9, 1915

20-UNDERTAKER Wendell Kupfer & Son

ADDRESS 37 S Gay St

C90235

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

C90235

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1312 Harlem Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Alexander

(Residence in Baltimore: No. 1312 Harlem Ave St.: 30 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Sept 2 (Month) 2 (Day), 1878 (Year)

7-AGE: 37 yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Saleslady in
(b) General nature of industry, business, or establishment in which employed (or employer): Department Store

9-BIRTHPLACE (State or country): Port Deposit Md.

PARENTS

10-NAME OF FATHER: Francis M. Alexander.

11-BIRTHPLACE OF FATHER (State or country): Port Deposit Md.

12-MAIDEN NAME OF MOTHER: Caroline K. Cosgrove.

13-BIRTHPLACE OF MOTHER (State or country): Cecil Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Caroline Alexander

(Address) 1312 Harlem Ave

15. Filed DEC 9 - 1915, 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December 8 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec - 1 - 1914 to Dec - 8 1915 that I saw h.r alive on Dec - 7 - 1915 and that death occurred, on the date stated above, at 8.15 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma - uteri. -
Chronic Pneumonia

(Duration) 1 yrs. 1 mos. 7 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wilbur P. Stubbs M. D.

Dec-8 1915 (Address) 647 N. Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Dec 10. 1915

20-UNDERTAKER: Leo A Gerbig ADDRESS: Eutaw Mayron

Spec.—8-24-14—M. & T.—2000 Bks.

C90236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 C90236

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 George ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Lunn

(Residence in Baltimore: No. 717 George St.; ....yrs., 6 hrs mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Dec 8, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds. If LESS than 1 day, 6 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt-md

PARENTS.

10-NAME OF FATHER, Richard Dunn

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lillian Garrett

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Garrett.

(Address) 717 George St

15- DEC 10 1915 ROBERT P. KRAUTER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1915, to Dec 8 1915, that I saw h.... alive on Dec 8 1915, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

6 hrs. (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Premature Birth

(Duration) ....yrs. ....mos. ....ds.

(Signed) Dr. S. Hurst M. D.

Dec 9, 1915 (Address) 1116 N. Fulton Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemty — DATE OF BURIAL, 12/10, 1915

20-UNDERTAKER S. J. Hemsley — ADDRESS 57 N. Paddle St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 C90237

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Dorsey

(Residence in Baltimore: No. 677 Pierce St. St.; 45 yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1872 (Year)

7-AGE, 43 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Hotel

9-BIRTHPLACE, (State or Country), Monrovia Md

PARENTS.

10-NAME OF FATHER, Chas Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maria Green

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Rodney Dorsey

(Address)..... 677 Pierce St

15 DEC 10 1915 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 9th, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 8th, 1915 to Dec. 9th, 1915, that I saw him alive on Dec 9th, 1915, and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver (alcoholic)

(Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Frank E. Shipley M. D.

Dec. 9, 1915. (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 677 Pierce St,

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Monrovia Md	12th 1915
20-UNDERTAKER	ADDRESS
Samuel J. Kennedy	5?? Mt Belle

S. A. FELTY

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C90238 152 C90238

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2802 Simpson St ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of J. William & Fannie Clayton

(Residence in Baltimore: No. 2802 Simpson St St.; ..... yrs., 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Dec ..... (Month) 10 ..... (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, J. W Clayton

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Eckert

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A. F. Eckert

(Address) S. W. Cor. Eutaw Place & Dukeman St.

15- Filed DEC 10 1915, 191.. BALTIMORE, MD. ROBERT . KRAUSER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec ..... (Month) 10 ..... (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Dec 10 1915, that I saw him alive on Dec 10 1915, and that death occurred, on the date stated above, at 5.25 p.m.

The CAUSE OF DEATH* was as follows:

Compression of cord, during birth.

Breech

Few Minutes (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mrs A. F. Eckert M. D.

DEC 10 1915 (Address) S. W. Cor. Eutaw Place & Dukeman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Fort Cemetery Balt Co.	Dec 12 1915
20-UNDERTAKER George J. Ruth	ADDRESS 1735 Hanford ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

18 C90239

CERTIFICATE OF DEATH.

C90239

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Kessler.

(Residence in Baltimore: No. 312½ S Bond Street St.; ..... yrs., ... mos. ..... ds.)

Fife

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) [illegible]

6-DATE OF BIRTH, March (Month) 9 (Day), 1915 (Year)

7-AGE, ... yrs. 9 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Sam Kessler

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Regina

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Rheelpn

(Address) Johns Hopkins Hosp.

15- Filed DEC 10 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Dec 9 1915, that I saw him alive on Dec 9 1915, and that death occurred, on the date stated above, at 8.45 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert W. Thomas M. D.

Dec 10, 1915 (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ✓ mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 312½ S. Bond St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Ist Cem. DATE OF BURIAL, Dec 10, 1915

20-UNDERTAKER S. Levinson & Bro ADDRESS 1107 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90240 C90240

CERTIFICATE OF DEATH.

REGISTERED No. C 109

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hosp. St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ruth Nicholo

(Residence in Baltimore: No. St Josephs Hosp. St.; ..... yrs., ... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, ... yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Isaac G. Nicholo

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Louise White

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Anderson
(Address) Purcellville Va

15- DEC 10 1915 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1915, to Dec 9 1915, that I saw h er alive on Dec 9 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 12 hr. ds.

(Signed) E. N. T. Clift M. D.

Dec 9, 1915 (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 6 hrs. In the State ..... yrs. ..... mos. 7 hrs.
Where was disease contracted, if not at place of death? Middletown Va
Former or usual residence Middletown Va

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Purcellville Va	Dec 10, 1915
20-UNDERTAKER Lost & Cook	ADDRESS 1003 W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90241 — 120 — C90241

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 657 W Conway ST. 22 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Pfeiffer

(Residence in Baltimore: No. 657 W Conway St.; yrs., 74 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Unknown, ... (Month) ....., 1 ..... (Day) ..... (Year)

7-AGE, 65 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, John Snyder
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Spelman
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) A. J. Pfeiffer
(Address) 233 Edmondson Ave

15- DEC 10 1915 ROBERT . KRAUSE, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Pfeiffer M. D.
Dec 6, 1915. (Address) 243 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Dec 11, 1915

20-UNDERTAKER, Jos Gibson ADDRESS 1003 W Mulberry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90242

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90242

CERTIFICATE OF DEATH.

REGISTERED No. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2332 Stockton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Abrams

(Residence in Baltimore: No. 2332 Stockton St.; ..... yrs., 4/12 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	black	

6-DATE OF BIRTH, ... Dec (Month) ..... 2 (Day) ....., 1915 (Year)

7-AGE, ... yrs. ..... mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Thomas Abrams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Irene Jones

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Thomas [illegible] Abrams

(Address) ..... Mercy Hospital

15- DEC 10 1915 Filed ....., 191.... Burial Permit Issued. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec (Month) ..... 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1915, to Dec 9 1915, that I saw h[illegible] alive on Dec 8 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

..... Malnutrition

..... (Premature birth)

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward V. Smith M. D.

Dec 10, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State Life mos. ..... ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence 2332 Stockton St

19-PLACE OF BURIAL OR REMOVAL, Md Auburn — DATE OF BURIAL, Dec 10 1915

20-UNDERTAKER James H Downs — ADDRESS 1302 Riverton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should see that CAUSE OF DEATH is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

J 90243 — 91 — (90243 C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 N Fremont Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Dunn

(Residence in Baltimore: No. 1305 N Fremont Ave St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec (Month) 25 (Day), 1843 (Year)

7-AGE, 71 yrs. 11 mos. 16 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Peacock

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C Chunks Roberts

(Address) 1305 Fremont Ave

15- Filed DEC 10 1915, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 9 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1915, to Dec 9 1915, that I saw h alive on Dec 9 1915, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

a Cute Nephritis

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) C. William Frey M. D.

Dec 9, 1915. (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Dec 12, 1915.

20-UNDERTAKER Mrs A Rohde & Son — ADDRESS 730 Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90244 — 120 — C90244

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 Ridgely St ST.: 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W Seymoure

(Residence in Baltimore: No. 939 Ridgely St St.; 35 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 16 (Day), 1869 (Year)

7-AGE, 46 yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N.J

PARENTS.

10-NAME OF FATHER, Charles C Seymoure

11-BIRTHPLACE OF FATHER (State or Country), N Y

12-MAIDEN NAME OF MOTHER Annie E Harris

13-BIRTHPLACE OF MOTHER (State or Country), N.J

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Seymoure

(Address) 939 Ridgely St

15 Filed DEC 10 1915, 191.. ROBERT J. KRAETER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 8 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1915, to Dec 8 1915, that I saw him alive on Dec 7 1915, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 01 ds.

(Signed) Edw Jaxenthal M. D.

Dec 9, 191 5 (Address) 517 Scott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Olivet Cem	Dec 11, 191 5
20-UNDERTAKER E. Schloman & Son	ADDRESS 1039 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90245

CERTIFICATE OF DEATH.

28 C90245

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Harvey ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Zack. Squires

(Residence in Baltimore: No. 607 Harvey St. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, (Month) Aug. 16, (Day), 1871 (Year)

7-AGE, 43 yrs. 3 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Alfred I Squires

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Nichols

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Squires

(Address) 607 Harvey

15- DEC 10 1915 ROBERT . KRAUSE, Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1915, to Dec 8 1915, that I saw h.m alive on Dec 8 1915, and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary hemorrhage
Acute Cystitis
Catarrh

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (Duration) 2 yrs. ....mos. ....ds.

(Signed) J. F. Hawkins M. D.

Dec 10, 1915. (Address) 15 E. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Dec. 11, 1915.

20-UNDERTAKER E D Fanning — ADDRESS 1938 E Lafayette ave.

N. B.—Exaggeration of information called for in Certificate of Death, or omission of information called for in Certificate of Death, will subject the informant to a penalty of $20.00. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. —8-24-14—M. & T.—2000 Blks.

C90245

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C90246

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 S. Charles ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte E. Wells

(Residence in Baltimore: No. 1620 S. Charles St.; 52 yrs., 7 mos. 22 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 16, 1863 (Month) (Day) (Year)

7-AGE, 52 yrs. 2 mos. 22 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, David C. Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma Bolton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Wells

(Address) 1620 S. Charles St

15- Filed DEC 10 1915 ROBERT C. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1915, to Dec 8th 1915, that I saw h[er] alive on Dec 7th 1915, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 2 dys.

CONTRIBUTORY (Secondary) Labor Pneumonia

(Duration) yrs. 1 mos. 8 da.

(Signed) F. F. Hawkins M. D.

Dec 8, 1915. (Address) 8 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Western Cemetery

DATE OF BURIAL, Dec 11, 1915

20-UNDERTAKER W. H. Cook

ADDRESS 502 E North Ave

NOTE.—CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C30247 C30247

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 24 WARD) REGISTERED No. C 28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Miles

(Residence in Baltimore; No. 1612 E. Fort Ave. St.; 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sower

6-DATE OF BIRTH, April 10, 1872 (Month) (Day) (Year)

7-AGE, 43 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. H. Miles

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary C McGee

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Miles

(Address) 1339 N Eden St

15- Filed DEC 10 1915 ROBERT , KRAUSER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 28 1915, to Dec 10 1915, that I saw him alive on Dec. 10 1915, and that death occurred, on the date stated above, at 4:00 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Some time yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

Dec 10, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1612 E. Fort Ave

Former or usual residence 1612 E. Fort Ave.

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Dec 11, 1915

20-UNDERTAKER Lowe Cook — ADDRESS Fort Smith

N.B.—Information given herein is strictly confidential. Persons giving same should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90248

CERTIFICATE OF DEATH.

151

C90248

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 S Eden St. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antony Guarino

(Residence in Baltimore: No. 321 So Eden St St.; ..yrs., mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Infant

6-DATE OF BIRTH. Dec 5, 1915 (Month) (Day) (Year)

7-AGE. ..yrs. mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Luigi Guarina

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Antonetta Cocuzza

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luigi Guarina

(Address) 321 S. Eden St

15- Filed DEC 11 1915, 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 10, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 6 1915, to Dec 9 1915; that I saw him alive on Dec 9 1915, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Seven Month fat
Death due to debility

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) Jos. L. Valentine M. D.

Dec 10 1915 (Address) 16 So Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, Dec. 10, 1915

20-UNDERTAKER Lilly & Feiler. ADDRESS 403 S. Wolfe St.

N.B.—Every item of information should be carefully supplied. All the particulars should be stated EXACTLY. PHRASES should not be used. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 C90249

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N. Monroe St ST.: 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Mary Joseph Gerby

(Residence in Baltimore: No. 226 N. Monroe St St.; 59 yrs., mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Nov. 30 (Month) (Day), 1856 (Year)

7-AGE, 59 yrs. mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Daniel Murphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Murphy

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Joseph Gerby

(Address) 226 N. Monroe St

15- DEC 11 1915 MANEY & ARCHER.

Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 9th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1915, to Dec. 9 1915, that I saw her alive on Dec 7 1915, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

1. Cancer of the Uterus
2. Stomach
3. Chronic Nephritis
4. Uremia

(Duration) 2 yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) J. Wollstein M. D.

Dec 10, 1915. (Address) 806 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Dec 13, 1915.

20-UNDERTAKER John Kenwan Son ADDRESS 907 Pulaski St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90250 C90250

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2716 W north ave ST.; 45 WARD)

2-FULL NAME Andrew J Hoyle

(Residence in Baltimore: No. 2716 W north ave St.; Yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH, November 6, 1851. (Month) (Day) (Year)

7-AGE, 64 yrs. 1 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Retired Business

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, Hoyle

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J Hoyle

(Address) 2716 W North Ave

15- DEC 11 1915 Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 9, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8 1915, to Dec 9 1915, that I saw him alive on Dec 8 1915, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular disease of heart

(Duration) yrs. mos. ds.

(Signed) C W Hoffman M. D.

Dec 9, 1915 (Address) 2100 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem — DATE OF BURIAL, 12/11/15, 191...

20-UNDERTAKER Chas E Evans & Son — ADDRESS 1180 North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90251

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90251

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1812 W. Fayette ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Henry Spangler

(Residence in Baltimore: No. 1812 W. Fayette St. 18 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, August (Month) 17th (Day), 1860 (Year)

7-AGE, 55 yrs. 3 mos. 22 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carriage Builder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Norah Spangler

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Amelia Yates

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. G. H. Spangler

(Address) 1812 W. Fayette St.

15-DEC 11 1915

Filed....., 191.. Special Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, dec. (Month) 9th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Saml. L. Kuntz (Coroner) M. D.

Dec 9th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Circleville Ohio | DATE OF BURIAL, Dec. 11., 1915.

20-UNDERTAKER Robt. Brooks & Son | ADDRESS Calhoun & Hollins

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90252 C90252

CERTIFICATE OF DEATH.

50

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2674 Dulaney ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Alice Kelley

(Residence in Baltimore: No. 2674 Dulaney St.; Lyceum Chos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, January 4th (Month) (Day), 1893 (Year)

7-AGE,	If LESS than 1 day,
22 yrs. 11 mos. 4 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Houseworker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (Balto City)

PARENTS.

10-NAME OF FATHER, David F. W. Shamer

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co.

12-MAIDEN NAME OF MOTHER Emma Freeman

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Shamer

(Address) 2622 Dulaney St.

15- Filed DEC 11 1915, 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 8 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1915, to Dec. 8th 1915, that I saw her alive on Dec 8 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 1 yrs. 6 mos. 2da.

CONTRIBUTORY (Secondary) Diabetic Coma

(Duration) ..yrs. ..mos. ..da.

(Signed) G. B. Cullen Jr. M. D.

12-8, 1915 (Address) 1532 Hunden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Marys Cemetery (Hamden) — DATE OF BURIAL, Dec 12, 1915

20-UNDERTAKER Harry H. Witzke — ADDRESS 1521 W. Lombard St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C80253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56

REGISTERED No. C 80253

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore City Jail ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Coyne

(Residence in Baltimore: No. Balto City Jail St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	?

6-DATE OF BIRTH, ? (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
48 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer (probably)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jail Record

(Address)

15 DEC 11 1915 Filed, 191. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Thos. Kernan M. D. (Coroner.)

Dec. 10, 1915. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds. Unknown

Where was disease contracted, if not at place of death? Unknown 2193 N. Gay St

Former or usual residence 210 S. High St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart	Dec. 11, 1915

20-UNDERTAKER	ADDRESS
Chas. F. Evans & Son	118 W. Mt. Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90554 — 28 C90554

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 N Washington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Gregor

(Residence in Baltimore: No. 933 N. Washington St.; 10 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, John Gregor

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Anna Roman

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Gregor

(Address) 933 N Washington St

15 DEC 11 1915 Filed ....., 191.. Registrar of Vital Statistics.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 10 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 07 1915, to Dec 10 1915, that I saw him alive on Dec 9 1915, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from Bowel

(Duration) yrs. mos. ds.

(Signed) Otis T Eagle M. D.

12/10, 191.5. (Address) 708 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill

DATE OF BURIAL, Dec 12, 191.5

20-UNDERTAKER Frank Eschelson

ADDRESS 1904 E Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(90253) 8 — 92 — (90253)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 910 N. Stricker ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Louise Berger

(Residence in Baltimore: No. 910 N. Stricker St.; 22 yrs., 11 mos. 28 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Dec (Month) 11 (Day), 1892 (Year)

7-AGE, 22 yrs. 11 mos. 28 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, R. E. L. Berger

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Eva Gardner

13-BIRTHPLACE OF MOTHER (State or Country), Chestertown Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. E. L. Berger

(Address) 2253 a Maryland Av

15- DEC 11 1915 Filed ..... 191... EUGENE C. ANDRUS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1915, to Dec 9 1915, that I saw h[er] alive on Dec. 9 1915, and that death occurred, on the date stated above, at 9 30p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ... yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Leptomeningitis & Exhaustion

(Duration) ... yrs. ... mos. ... ds.

(Signed) P. D. Wilson M. D.

12-9-, 1915. (Address) 2406 Ellamont St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Parent.	Dec 13, 1915
20-UNDERTAKER	ADDRESS
H. Ebert & Son	1733 W. Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90255 64 C90255

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 514 Somerset ST.; 5 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Johns

(Residence in Baltimore: No. 514 Somerset St. St.; 74 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE 69 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER, Samuel Johns

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Maria Murry

13-BIRTHPLACE OF MOTHER (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Florence Brown
(Address) 514 Somerset St

15-
Filed DEC 11 1915 191.. ROBERT . KRAUSE, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 8, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1915, to Dec 8 1915, that I saw h[illegible] alive on Dec 7 1915, and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Coma

16 Days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular heart disease

Interstitial Nephritis (Duration) 0 yrs. mos. ds.

Signed Edward Taylor M. D.

Dec 9, 1915 (Address) 1612 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	Dec. 11, 1915.
20-UNDERTAKER	ADDRESS
John W Henderson	319 Caroline

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90257 64 C90257

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Maryland Ave; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Waite Carr

(Residence in Baltimore: No. 2419 Maryland Ave St.; life yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Sept. 2nd, 1840 (Month) (Day) (Year)

7-AGE, 75 yrs. 3 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Richard C. Waite

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jane A. Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel J. Carr

(Address) Severn Ryan

15- Filed DEC 11 1915, 191.....

ROBERT J. KRAUSER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 10, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 14th 1915, to Dec 10th 1915, that I saw her alive on Dec 2nd 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

"Cerebral Hemorrhage"
Suddenly
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) "Arterial Sclerosis"
(Duration) 3 yrs. mos. ds.

(Signed) Geo. H. Wainer M. D.

Dec 11th, 1915. (Address) 21 W. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Green Mount

DATE OF BURIAL. Dec. 12, 1915

20-UNDERTAKER E. M. Mitchell & Co.

ADDRESS 1201 W. Fayette

C90258 C90258

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1618 N Caroline St.; 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma O. Arth

(Residence in Baltimore: No. 1618 N. Caroline St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: February (Month) 14 (Day), 1863 (Year)

7-AGE: 52 yrs. 9 mos. 15 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Morton Glorious

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Burkett

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John P. Arth

(Address) 1618 N. Caroline St.

15 DEC 11 1915 Filed ..... 191 ROBERT E. KRAUSER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2, 191 5, to, Dec 10 1915, that I saw her alive on Dec 9 1915, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

(Duration) yrs 2 mos ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) John W Sandmann M. D.

Dec 10 1915 [Address] 714 N Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 13 1915

20-UNDERTAKER: Henry Lutz.

ADDRESS: 1007 N. Bond St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90259

HEALTH DEPARTMENT--CITY OF BALTIMORE

151

CERTIFICATE OF DEATH

C90259

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 102 S. Calvert St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alonzo Matthaei

(Residence in Baltimore: No. 102 S Calvert St. St.: yrs. 10 mos. 10 days)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: 12 (Month) 9 (Day), 1915 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 10 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Alonzo Matthaei

11-BIRTHPLACE OF FATHER (State or country): Carroll Co.

12-MAIDEN NAME OF MOTHER: Barbara Schaub

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alonzo Matthaei

(Address) 102 S. Calvert St

15. DEC 11 1915 (Date) 191 ROBERT J. KRAUSER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 9th, 191 . to Dec 9th 191 5.

that I saw him alive on Dec 9th, 191 5.

and that death occurred, on the date stated above, at 6 30 p m.

The CAUSE OF DEATH* was as follows:

Premature birth
7 Mos child

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Benj Ems Cleary M. D.

Dec 10 1915 (Address) 1211 N Payson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Westport Cemetery

DATE OF BURIAL: Dec 11th 191 5

UNDERTAKER: J. B. Kirkpatrick

ADDRESS: 2238 Fulton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C9902 C9902

CERTIFICATE OF DEATH.

1-PLACE OF DEATH In street car 1339,

CITY OF BALTIMORE (No. Cor. Garrison & Duvall aves. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis M. Saumenig,

(Residence in Baltimore: No. 5001 Liberty Heights avenue, Balto: Co. St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, May (Month) 8th (Day), 1866. (Year)

7-AGE, 49 yrs. 7 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grocer,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Frederick E. Saumenig,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Mary J. Wilson,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick E. Saumenig, son,

(Address) 5001 Liberty Heights ave.

15- Filed DEC 11 1915 [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 8th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis, (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Kreuzer (Coroner.) M. D.

Dec. 9, 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Balto: County, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Dec 11, 1915
20-UNDERTAKER W. J. McKneely	ADDRESS Pimlico

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90261 | C90261

CERTIFICATE OF DEATH.

8 | 15

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 E Eagr ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lutter

(Residence in Baltimore: No. 2007 E Eager St.; Life yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 9, 1915 (Month) (Day) (Year)

7-AGE, 0 yrs. mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Frank Lutter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Johanna Kondelka

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Lutter

(Address) 2007 E Eager st

15-Filed DEC 11 1915, 191. HOWARD E. KRAETER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 10, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1915, to Dec 10 1915, that I saw h[illegible] alive on Dec 10 1915, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Prematurn Birth.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Spaeth M. D.

Dec 11, 1915. (Address) 2008 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer

DATE OF BURIAL, Dec 11, 191.

20-UNDERTAKER Frank Leuchter

ADDRESS 1904 Eastern Ave

C90262

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C90262

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 2610 Arlans St.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Anthony Schlemmer

(Residence in Baltimore: No. 2610 Arlans St.: 55 yrs. 5 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: June 13, 1860 (Month) (Day) (Year)

7-AGE: 55 yrs. 5 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Factory.

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John Schlemmer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Anna Bonahardt

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Geo. John Schlemmer

(Address): 927 Fairmont Ave

15- DEC 11 1915 Filed ....., 191.... ROBERT J. KRAUSER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 10, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov, 1915, to Dec 10 1915, that I saw h[illegible] alive on Dec 10, 1915, and that death occurred, on the date stated above, at 6:50 a m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

6 hours (Duration)

Contributory (SECONDARY) Chronic Nephritis

2 (Duration) yrs. mos. ds.

(Signed) John Gerhard M. D.

Dec 12, 1915 (Address) 102 E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. | DATE OF BURIAL: Dec. 13, 1915

20-UNDERTAKER: Lutz & Zeile | ADDRESS: 403 B Wolfe St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90263

CERTIFICATE OF DEATH.

130 C90263

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 804 N Bruce ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Kane

(Residence in Baltimore: No. 804 N Bruce St.; 28 yrs., 4 mos. 11 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Sing'l

6-DATE OF BIRTH, July 28, 1887
(Month) (Day) (Year)

7-AGE, 28 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): private Family

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Thos Kane

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Fannie Jaime

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Fannie Kane
(Address) 804 N Bruce

15-
Filed DEC 11 1915, 191.. ROBERT J. KRAUSER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1915, to Dec 9 1915, that I saw h[er] alive on Dec 8 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis
Tobacco

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(Duration) yrs. 1 mos. ds.

(Signed) E. J. Motroni M. D.

Dec 9, 1915 (Address) 1317 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wi Fellowship — DATE OF BURIAL, DEC 12, 1915

20-UNDERTAKER James T. Chase & Son — ADDRESS 400 Mad

C90264

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90264

1 PLACE OF DEATH Balto. Eye Ear & Throat Hospital — REGISTERED No. C 76

CITY OF BALTIMORE (No. 625 W Franklin ST.: 99 WARD)

2 FULL NAME George H. Hutchins

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1031 Argyle Ave. ST.: 50 yrs. 5 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): married

6 DATE OF BIRTH: June 12, 1865 (Month) (Day) (Year)

7 AGE: 50 yrs. 5 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): Office Bldg.

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Saml B. Hutchins

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Anne Frazier

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Selina F. Hutchins

(Address) 1031 Argyle Ave

15. DEC 11 1915 ROBERT J. KRAMER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 9th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 7th, 1915, to Dec 9th 1915, that I saw h[im] alive on Dec. 9th, 1915, and that death occurred, on the date stated above, at 1245 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Spinal Meningitis

(Duration) 36 hrs.

Contributory (SECONDARY) Acute Uremia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) X [illegible] Rosenheim M. D.

12/9, 191.. (Address) 1910 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 36 hrs. In the State 50 yrs. 5 mos. 16 ds.
Where was disease contracted, if not at place of death?
Former or usual residence 1031 Argyle Ave –

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: DEC 12 1915

20 UNDERTAKER: Jas. F. Carroll & Son — ADDRESS: 14 [illegible]

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C90265 C90265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Pressident ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Hadam

(Residence in Baltimore: No. 309 Pressident St.; 1 yrs., 7 mos. 7 da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 3 (Day), 1914 (Year)

7-AGE, 1 yrs. 7 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Nicholas Hadam

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Theresa Fosso

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas Hadam

(Address) 309 Pressident

15- Filed DEC 11 1915 Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 10th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191, to ....191, that I saw h alive on ....191, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent	Dec. 12, 1915
20-UNDERTAKER	**ADDRESS**
Randell Tippet & Son	320 S. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. [illegible] St.: 15 Ward)

2-FULL NAME Oscar Hamilton

(Residence in Baltimore: No. 1537 Kavanaugh)

REGISTERED No. C [illegible] 1915

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(28 St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 15, 1872 (Month) (Day) (Year)

7-AGE, 42 yrs. 10 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) (Plumbing)

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER Wm Hamilton

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amy Gross

(Address) 1504 Pierce Ave

15- [illegible] . KRAETZER

Filed DEC 11 1915 191.. Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9th, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D. (Coroner.)

Dec 11, 191.. (Address) 14 W Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos. 7ds. In the State 30 yrs....mos....ds.

Where was disease contracted, if not at place of death? 1837 Kavanaugh

Former or usual residence 1837 Kavanaugh

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Dec 12 1915

20-UNDERTAKER James L Dunn — ADDRESS 343 Pratt

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spec.—8-24-14—M. & T.—3000 Blks.

Martha Holley.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90267

CERTIFICATE OF DEATH.

C90267

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1368 E. Strather St.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Martha Holley

(Residence in Baltimore: No. 1368 E Strather St.; 15 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1 (Year)

7-AGE, 51 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Holley

(Address) 1368 E. Strather

15- Filed DEC 11 1915 BURIAL PERMIT GRANTED, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1915, to Dec 9 1915, that I saw him alive on Dec 8 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy Hemorrhage

Bright's Disease

(Duration) yrs. 3 mos. 1 ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. 3 mos. 1

(Signed) Dr. S. W. Kennard M. D.

Dec 11, 1915 (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Dec 12, 1915

20-UNDERTAKER James E. Ams — ADDRESS 803 Preston

C90268

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

66 C90268

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1303 Riggs Av ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Susan Jones

(Residence in Baltimore: No. 1303 Riggs av St.; 66 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Unknown (Month) (Day), 1[illegible] (Year)

7 AGE: 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md Balto.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Hall

(Address) 1303 Riggs av

15 DEC 11 1915 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 10 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1915, to Dec 9 1915, that I saw h[illegible] alive on Dec 9, 1915, and that death occurred, on the date stated above, at 4.10 a m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. 3 mos. 10 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. Edw Smith M. D.

Dec 11 1915 (Address) 717 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Dec 13 1915

20 UNDERTAKER: James H Dennis — ADDRESS: 1303 Riggs av

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 (90269) — 79 (90269)

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 Forrest St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann M. Heller

(Residence in Baltimore: No. 219 Forrest St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Widow

6-DATE OF BIRTH Unknown (Month) (Day) 1845 (Year)

7-AGE 70 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Harriet Hall

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur Heller

(Address) 219 Forrest St

15- DEC 11 1915 (Filed) (By) ROBERT .. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 8, 1915, to, Dec 8 1915, that I saw h[illegible] alive on Dec 8, 1915, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(Duration) 2 yrs mos ds.

Contributory (SECONDARY) (Duration) yrs mos. ds.

(Signed), Robert H. Green M. D.

Dec. 10, 1915 (Address) 120½ Asquith St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loy Green Md DATE OF BURIAL 12/11, 1915

UNDERTAKER Samuel L Hawley ADDRESS 578 N Bradford

Ada Carpenter

C90270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 C90270

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. University Mayl. Hosp ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ada Carpenter

(Residence in Baltimore: No. 1126 China St.; yrs., 47 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word): Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1868 (Year)

7-AGE, 47 yrs. mos. da.

If LESS than 1 day, hrs. or mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Collas Carpenter

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Elizabeth Sorrell

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Alfred Young

(Address) 618 W Dolphin St

15- DEC 11 1915 ROBERT . KRAUTER, Registrar of Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 10 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inq. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock from burns

Body & face (accidental).

While taking fire from stove

Dec 10 1915 (Address) 1142 W Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) (Coroner.) M. D.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State 47 yrs. mos. da.

Where was disease contracted, if not at place of death? 1126 China St.

Former or usual residence 1126 China St.

19-PLACE OF BURIAL, OR REMOVAL: Md Auburn — DATE OF BURIAL: 12/2/15

20-UNDERTAKER: Samuel Weasley — ADDRESS: 578 Biddle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90271 — 120 C90271

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 Dover St. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Bortle

(Residence in Baltimore: No. 1826 Dover St. St.; 17 yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ? (Month) ? (Day) 1864 (Year)

7-AGE, 51 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shirt Presser
(b) General nature of industry, business, or establishment in which employed (or employer): Linden Shirt Factory

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Henry Thun

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER ? Unknown.

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ruhlen

(Address) 1819 Mt. Henry St

15- Filed DEC 11 1915 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 9 1915, to Dec. 10 1915, that I saw her alive on Dec. 9 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia Croupous

(Duration) ... yrs. ... mos. 2 ds.

(Signed) H. M. Robinson M. D.

Dec 10, 1915. (Address) 210 Hilpin Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Dec. 12, 1915
20-UNDERTAKER	ADDRESS
Chas H. Hill.	310 Park Ave.

FILE COPY

C90272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED No. C 90272

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 509 N. Bradford ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Novak

(Residence in Baltimore: No. 509 N. Bradford St.: yrs. 2 mos. / ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, November 10th, 1913.
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Adam Novak

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Dora Mdyetzka

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adam Novak

(Address) 509 N. Bradford St

15- DEC 11 1915 ROBERT . KRAUTER. Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 10th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) N. W. Jones M. D.
(Coroner)

Dec 10. 1915. (Address) 916 Gilmore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Dec 12th, 1915.
20-UNDERTAKER M. F. Sudowski	ADDRESS 708 S. Ann St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

K·O·D·A·K

Tadeusaw Malenowski

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90273 — 16 — C90273

REGISTERED NO. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 507 S Bond St 3 ST.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tadeusaw Malenowske

(Residence in Baltimore: No. 507 S Bond St.; 2 yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept. 10 (Month) (Day), 1913 (Year)

7-AGE: 2 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Maryland Balto

PARENTS

10-NAME OF FATHER: Joseph Malinowski

11-BIRTHPLACE OF FATHER (State or country): Russia Poland

12-MAIDEN NAME OF MOTHER: Mary Jos Rinicz.

13-BIRTHPLACE OF MOTHER (State or country): Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Malinowski

(Address) 507 S. Bond St

DEC 11 1915 Filed, 191

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 10 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 2 , 1915 , to Dec 10 , 1915 , that I saw h alive on Dec 9 , 1915 , and that death occurred, on the date stated above, at 8.30 p.m.

The CAUSE OF DEATH* was as follows:

Meningitis - Septic

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Otitis Media Suppo. —

(Duration) yrs. 1½ mos. ds.

(Signed) Fred C Brown M. D.

Dec 10 , 1915 (Address) 125 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary. DATE OF BURIAL: Dec 12 , 1915

20-UNDERTAKER: W F. Sadowski. ADDRESS: 405 S. Ann St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90274

CERTIFICATE OF DEATH.

64

C90274

1—PLACE OF DEATH 1610 John St

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Catherine Victorine Engelhernet

(Residence in Baltimore: No. 1610 John St St.: 75 yrs., 8 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX,	4—COLOR OR RACE,	5—~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (Write the word.)
female	white	widow

6—DATE OF BIRTH, 3rd (Month) 30th (Day), 1840 (Year)

7—AGE,	If LESS than 1 day,
75 yrs. 8 mos. 11 ds.	....hrs. or....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: home wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9—BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10—NAME OF FATHER, Louis Stidham

11—BIRTHPLACE OF FATHER (State or Country), Wilmington Del

12—MAIDEN NAME OF MOTHER, Ann McMahon

13—BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eleanor V. Engelhernet

(Address) 1610 John St

15— DEC 11 1915 Filed ..... 191... ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Dec (Month) 10 (Day) 1915 (Year)

17— I HEREBY CERTIFY, That I attended deceased from Nov 5th 1915, to Dec 9th 1915, that I saw h[illegible] alive on Dec 9th 1915, and that death occurred, on the date stated above, at 1145 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy Had
last pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

for (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) (.....) J. J. Wagner M. D.

Nov 10, 191.5 (Address) 1.8.2.5 E. Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem DATE OF BURIAL, Dec 12, 191.5

20—UNDERTAKER, Jos D Cook Co ADDRESS 1053 Belle St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

122 C90275

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Franklin Sq. Hos. ST.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Pauling.

(Residence in Baltimore: No. 509 N. Carey St.; 40 yrs., mos., da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: June (Month) 24 (Day), 1869 (Year)

7-AGE: 46 yrs. 5 mos. 16 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Post Office

9-BIRTHPLACE, (State or Country): New York City

PARENTS.

10-NAME OF FATHER: George Pauling

11-BIRTHPLACE OF FATHER (State or Country): N. Y.

12-MAIDEN NAME OF MOTHER: Sabrilla F. Skinner

13-BIRTHPLACE OF MOTHER (State or Country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter A. Pauling

(Address) Leonard, N. Y.

15-DEC 11 1915 Filed ..... 191.. ROBERT F. KRAUTER, Registrar. (Deputy) CHIEF CLERK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: December (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 26 1915, to Dec 10 1915, that I saw him alive on Dec 10 1915, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Dropsy, Bright and Left Kidneys.

(Duration) ... yrs. 1 mos. ... da.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... da.

(Signed) Wm. H. Board M. D.

12/10, 1915 (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. 14 da. In the State 40 yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 509 N. Carey St.

19-PLACE OF BURIAL OR REMOVAL: Woodland Cemetery N. J.

DATE OF BURIAL: 12-14, 1915

20-UNDERTAKER: Howard E. Tulley

ADDRESS: 438 Montgomery St.

Spec.—8-24-14—M. & T.—2000 Bks.

Jesse A. Foley.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90276

CERTIFICATE OF DEATH.

× 40

C90276

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse A. Foley

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., 2 mos. 5 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, February 29, 1860
(Month) (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Connecticut

PARENTS.

10-NAME OF FATHER, John Craig

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Christina Guthrie

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hosp

15- Filed DEC 11 1915 ROBERT . KRAUTER Registrar. Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 11, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1915, to Dec 11 1915, that I saw h er alive on Dec 11 1915, and that death occurred, on the date stated above, at 12 40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Duodenal Ulcer

(Duration) 1 yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) ..... yrs. ..... mos. 2 1 ds.

(Signed) Nathaniel H Brush M. D.

Dec 11, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence St Paul Minnesota

19-PLACE OF BURIAL OR REMOVAL, St Pauls Minnesota — DATE OF BURIAL, Dec 11, 1915

20-UNDERTAKER Chas S Conner & Son — ADDRESS 1588 W Mt Royal

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90277.

CERTIFICATE OF DEATH.

28 C90277.

8 1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 Rutland Ave. ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Jones

(Residence in Baltimore: No. 162 Rutland Ave. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Aug 4 (Month) (Day), 1846 (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Carpenter.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Jones.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Isabell Vacture

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lynd

(Address) 162 Rutland Ave.

15- Filed DEC 11 1915 ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 15 1915, to Dec 9 1915, that I saw him alive on Dec 8 1915, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of larynx

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Wm J Watson M. D.

Dec 11, 1915. (Address) 2128 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem. DATE OF BURIAL, Dec 13, 1915

20-UNDERTAKER Robt G. Turner ADDRESS 742 N Broadway

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec —5-19-13—M. & T.—500 Bks.

C90278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C90278

REGISTERED No. C

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 S Kenwood Ave ST.; 1 WARD)

2-FULL NAME Louisa Amelia Walsch

(Residence in Baltimore: No. 827 S Kenwood Ave St.;

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.) unknown

yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Oct 29th, 1839
(Month) (Day) (Year)

7-AGE, 76 yrs. 1 mos. 12 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Nelsen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER non known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Hudson

(Address) 827 S Kenwood Ave.

15- FILED DEC 11 1915 19... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 10th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23d 1915, to Dec 10th 1915, that I saw h[er] alive on Dec 6th 1915, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) H Krauss for Krauss M. D.

Dec 11th, 1915. (Address) 1210 E Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, Dec 13th, 191..

20-UNDERTAKER Wm C Turner

ADDRESS 442 N Howard

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90279

CERTIFICATE OF DEATH.

64 (90279)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 S. Decker Ave ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Wisniewski

(Residence in Baltimore: No. 1215 S. Decker Ave St.; 35 yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Sept 15, 1880 (Month) (Day) (Year)

7-AGE, 35 yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Tom Wisniewski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosie Makowski

(Address) 1215 S. Decker Ave

15- Filed DEC 12 1915 191.. ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 9th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 2. 1915, to December 9th 1915, that I saw her alive on December 8th 1915, and that death occurred, on the date stated above, at 11-P m.

The CAUSE OF DEATH* was as follows:

..... Apoplexy

..... Hemiplegia

..... (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) yrs. mos. 6 ds.

(Signed) La. N. Athey M. D.

Dec. 11, 1915. (Address) 1215 S. Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Cem. Scapa Road

DATE OF BURIAL, Dec. 12, 1915.

20-UNDERTAKER Stephen J. Fiaschetti

ADDRESS 1019 S. Kenwood Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90280 — 79 — C90280

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1505 W. Lombard St. 16 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jonathan French.

(Residence in Baltimore: No. 1505 W Lombard St.: 27 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November 8th, 1832 (Month) (Day) (Year)

7-AGE: 83 yrs. 1 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer (retired)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ohio, U.S.A.

PARENTS

10-NAME OF FATHER: Jonathan French

11-BIRTHPLACE OF FATHER (State or country): N. Y.

12-MAIDEN NAME OF MOTHER: Eliz. Crawford

13-BIRTHPLACE OF MOTHER (State or country): N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John C. French

(Address) 3002 N. Calvert St.

Filed DEC 12 1915, 191 — ROBERT . KRAUTER, REGISTRAR — Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December 10th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1915, to Dec. 10, 1915, that I saw him alive on Dec. 10, 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

Indefinite (Duration) yrs. mos. ds

Contributory (SECONDARY) Indefinite.

(Duration) yrs. mos. ds.

(Signed) H. H. Arthur M. D.

Dec. 10, 191 5 (Address) 1426 Mansfield

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. — DATE OF BURIAL: Dec 14 1915

20-UNDERTAKER: George J. Smith — ADDRESS: 1805 Fayette St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90281 63 C90281

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Keyworth Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Wiedeman

(Residence in Baltimore: No. 2804 Keyworth ave St.; — yrs., 5 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 27 (Day), 1845 (Year)

7-AGE, 67 yrs. 4 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Buchman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Sarah Mansfield

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Wiedeman

(Address) 2804 Keyworth Ave

15- DEC 12 1915 Filed ROBERT J. KRAUTER, BURIAL PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 5 1915, to Dec 10 1915, that I saw h— alive on Dec. 10 1915, and that death occurred, on the date stated above, at 8.45 p m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Paralysis of Trunk half of body (Duration) 2 yrs. mos. ds.

(Signed) James J Clement M. D.

Dec 10, 1915. (Address) 4012 Park Heights Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Balto City

19-PLACE OF BURIAL OR REMOVAL, Mt Olive Cem — DATE OF BURIAL, Dec 12, 191...

20-UNDERTAKER Wm Cook — ADDRESS 502 E. No. Ave

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90252 28 C90252

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 E Monument St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jacob Thompson

(Residence in Baltimore: No. 1117 E. Monument St.; Life yrs.; mos. ds.)

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, May (Month) 1 (Day), 1884 (Year)

7-AGE, 31 yrs. 7 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country) Maryland Balto

PARENTS.

10-NAME OF FATHER, Chas Thompson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rosina Anderson

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wells E Askins

(Address) 1117 E Monument St

15- DEC 12 1915 ROBERT , KRAUTER

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1, 1914, to Nov 8, 1915, that I saw h-m alive on Nov 8, 1915, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

Alcoholism (Duration) 5 yrs. mos. ds.

(Signed) J. H. Greenwood M. D.

12/11, 1915. (Address) 75 Gayle Baltmd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery | DATE OF BURIAL, Dec 13, 1915.

20-UNDERTAKER Chas G. Bailey | ADDRESS Jefferson St

C90283

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C90283

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 13 S. Carlin St. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Dearre

(Residence in Baltimore: No. 13 S. Carlin St. 50 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: ~~September~~ (Month) ~~1~~ (Day) 1840 (Year)

7 AGE: about 75 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress.
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Not Known.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Henson

(Address) 13 S. Carolina.

15 Filed DEC 12 1915, 191 ROBERT . KRAUTHR Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 10 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 191 5, to Dec 10, 191 5, that I saw h alive on Dec 10, 191 5, and that death occurred, on the date stated above, at 8 O.M.A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) yrs. unknown mos. ds.

(Signed) Thos H. Mogner M. D.

12 Dec, 191 5 (Address) 516 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Dec 12th, 191 5.

20 UNDERTAKER: Chas L Bailey — ADDRESS: 17 Hebbard

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 927 Bolton street, ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Lawrence,

(Residence in Baltimore: No. 927 Bolton street, St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed,

6-DATE OF BIRTH, Unknown, (Month) , (Day) / (Year)

7-AGE, 80 ? yrs. ? mos. ? ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Joshua Robinson,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country). Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Ruff, frienl,

(Address) 927 Bolton street.

15- ROBERT . KRAUTER
Burial Permit Cl...
DEC 12 1915
Filed ..... 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 10th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. Frederick Hempel M. D.
(Coroner.)

Dec. 11, 191.5 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pt Lookout Towson — DATE OF BURIAL, 12/13/15

20-UNDERTAKER, Samuel F. Kemsley — ADDRESS 5718 Reisle

Spec.—5-19-13—M. & T.—500 Bks.

Margaret J. Marecki

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90285 104 C90285

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 329 S. Chester ST.; 1 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Jennie Marecki

(Residence in Baltimore: No. 329 S. Chester St.; ...yrs., 8 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH: Sept. 12, 1915
(Month) (Day) (Year)

7-AGE: ...yrs. 3 mos. ...ds.
If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: John Peter Marecki

11-BIRTHPLACE OF FATHER (State or Country): Balto Md.

12-MAIDEN NAME OF MOTHER: Marie Mollie Lanicki

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Marecki

(Address) 329 S. Chester St.

15- Filed DEC 12 1915 191... ROBERT . KRAUTHS, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec 11, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Dec 11 1915, that I saw h[er] alive on Dec 10 1915, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ...yrs. ...mos. 12 ds.

(Signed) Geo. Keller M. D.

12-11-, 1915. (Address) 1937 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus.

DATE OF BURIAL, Dec 13, 1915

20-UNDERTAKER: M. F. Sadowski

ADDRESS: 705 S. Ann

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C90286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 C90286

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1611 W Mulberry St.; 19 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Campodonico

(Residence in Baltimore: No. 1611 W Mulberry St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 10 (Month) (Day), 1914 (Year)

7-AGE, 1 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John F Campodonico

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Rose Buggy

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Campodonico

(Address) 1611 W Mulberry St

15- Filed DEC 12 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1915, to Dec 11 1915, that I saw h- alive on Dec 11 1915, and that death occurred, on the date stated above, at 7 0 m.

The CAUSE OF DEATH* was as follows:

Sarcugeat Diphtheria

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

(Signed) E Mendelsohn M. D.

Dec 12, 1915 (Address) 714 W Fayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Dec 12, 1915

20-UNDERTAKER John Howard Son ADDRESS 901 Hollins St

3 P. M.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Slater Drobis

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90287

CERTIFICATE OF DEATH.

79 C90287

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Aisquith ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Slater Drobis

(Residence in Baltimore: No. 825 Aisquith st St.: 2 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., ..., ... (Month) (Day) (Year)

7-AGE. 68 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home.

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Louis Marks

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Leah

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Solomon Drobis

(Address) 825 Aisquith st

15- DEC 12 1915 ROBERT . KRAUTHER, Filed....., 191..Burial Permit (.....) Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12 - 9 1915, to 12 - 11 1915, that I saw her alive on 12 - 11 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Solomon C. Katz M. D.

12-12, 1915. (Address) 116 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 825 Aisquith st

19-PLACE OF BURIAL OR REMOVAL Hebrew Mt Carmel

DATE OF BURIAL, ..., 191...

20-UNDERTAKER S. Levinson & Bro

ADDRESS 1127 E Balto st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

x64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 321 St Paul ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Schall

(Residence in Baltimore: No. Catonsville Md unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Dont know (Month) (Day) 1 (Year)

7-AGE, about 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): Printing Office

PARENTS.

9-BIRTHPLACE, (State or Country) Unknown

10-NAME OF FATHER, Samuel Karr

11-BIRTHPLACE OF FATHER (State or Country), Wales

12-MAIDEN NAME OF MOTHER Emily Middleton

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wade H Schall

(Address) Catonsville Md

15- FILED DEC 12 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH December 11th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wilmot Skaug M. D. (Coroner.)

Dec. 11 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, 12/14/15

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90289 C90289

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1902 Pennsylvania ave. ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph N. O'Brien,

(Residence in Baltimore: No. 1902 Pennsylvania ave. St.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male,	White,	Single,

6-DATE OF BIRTH. August (Month) 4th (Day), 1915. (Year)

7-AGE. 0 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Charles J. O'Brien,

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Carrie Atkins,

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie O'Brien, mother,

(Address) 1902 Pennsylvania ave.

15- Filed DEC 12 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 11th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Lobar pneumonia.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemp[illegible] M. D. (Coroner.)

Dec. 11, 191. 5 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Peters Cemetery — DATE OF BURIAL, 12/13, 191[illegible]

20-UNDERTAKER William Cook — ADDRESS 302 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90290 — 79 — C90290

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 N. Milton Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Cernik

(Residence in Baltimore: No. 835 N. Milton Ave St.; 11 yrs., 4 mos. 29 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 16 (Month), 1904 (Day) (Year)

7-AGE, 11 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, James Cernik

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Mary Dunphy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Cernik

(Address) 835 N. Milton Ave

15- Filed DEC 12 1915 ROBERT . KRAUTER, Registrar.

Burial Permit 21...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 10 (Month) 15 (Day), 191... (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 18th 1915, to Dec 10th 1915, that I saw h[er] alive on Dec. 10th 1915, and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. 10 mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Dilatation Right Heart 6 hrs. 55 min

(Duration) yrs. mos. ds.

(Signed) A. L. Seymour M. D.

Dec 11th, 1915. (Address) 2502 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Dec 13, 1915

20-UNDERTAKER Christian Miller

ADDRESS 2934 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90291 C90291

CERTIFICATE OF DEATH.

× 78

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward P. Guerard Jr

(Residence in Baltimore: No. Unversity Hospitals St.; ..... yrs., ... mos. 9 da.)

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept 7, 1888
(Month) (Day) (Year)

7-AGE, 27 yrs. 3 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lawyer.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), S.C. (Charleston)

PARENTS.

10-NAME OF FATHER, E. P. Guerard.

11-BIRTHPLACE OF FATHER (State or Country), S C

12-MAIDEN NAME OF MOTHER Alice Bogart

13-BIRTHPLACE OF MOTHER (State or Country), N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Edward P Guerard Jr
(Address) Charleston S. C.

15- DEC 12 1915 ROBERT . KRAUTER,
(Date) ..... 1915 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 12, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1915, to Dec 12 1915, that I saw h~~im~~ alive on Dec 12 1915, and that death occurred, on the date stated above, at 3-20 p.m.

The CAUSE OF DEATH* was as follows:

Septic Pneumonia Endocardit and Pericarditis (Malignant form) with General Cyanosis (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Sub Mucus Abscess (Staphylococcus aureus) (Duration) ..... yrs. ..... mos. 20 ds.

(Signed) R. E. Johnson M. D.

12/12/, 1915. (Address) University Hosp'l

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ..... mos. 12 ds.

Where was disease contracted, if not at place of death? Charleston S.C.

Former or usual residence Charleston S.C.

19-PLACE OF BURIAL, OR REMOVAL, Charleston S.C. DATE OF BURIAL, 12/13, 1915.

20-UNDERTAKER Jos. J. Cook ADDRESS 203 Mills

Spec.—8-24-14—M. & T.—2000 Bks.

C90292

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C90292

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.; (6) WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlie Baptiste

(Residence in Baltimore: No. 519 Kennett St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Nov. (Month) 6 (Day) 1914 (Year)

7-AGE, 1 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Arthur Baptiste

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Elizabeth Beazley

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- DEC 13 1915 Filed, 191. Burial Permit Given

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 12 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Dec 12 1915, that I saw her alive on Dec 12 1915, and that death occurred, on the date stated above, at 1030 P. m.

The CAUSE OF DEATH* was as follows:

Alimentary Decomposition

Malnourishment

Coma (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) 1 yrs. mos. 5 ds.

(Signed) Edward P. Smith M. D.

Dec 12, 191.5. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. 9 mos. ....ds.

Where was disease contracted, if not at place of death? 519 Kennett St

Former or usual residence 519 Kennett St

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Accotink Va	Dec 13 1915
20-UNDERTAKER	**ADDRESS**
J Hayes	514 Wilkens Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90293

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Light ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth La Ellis

(Residence in Baltimore: No. 1022 Light St.; 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. July 26, 1901
(Month) (Day) (Year)

7-AGE. 14 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Geo W Emmart

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Margaret E Hauch

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Louis Smith

(Address) 1022 Light

15-

Filed DEC 13 1915, 191.... FIRST 9 ARTERYS,

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 10th, 1915.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 16th 1915 to Dec 10th 1915, that I saw h.r alive on Dec 10th 1915, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach
Chronic Dyspepsia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm Buckler M.D.

Dec 12, 1915. (Address) 1728 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. LOUDON PARK. DATE OF BURIAL. DEC 13 1915

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS DEC 13 1915

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1502 Mt Elderry ST. 7 WARD) REGISTERED No. C 91

2-FULL NAME Clarence Curtis

(Residence in Baltimore: No. 1502 Mt Elderry

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs. 7 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, April (Month) 23rd (Day) 1915 (Year)

7-AGE, ...yrs. 7 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Alfred Washington

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Alma Curtis

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Alma Curtis

(Address) 1502 Mt Elderry

15- FILED DEC 13 1915 Burial Permit Issued Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 12th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Moses W Savage (Coroner) M. D.

Dec 12, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Dec 13 1915

20-UNDERTAKER Chas G Bailey ADDRESS 1421 Pennsylvania Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90235

REGISTERED No. C 64

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 414 S Durham St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret Eser

(Residence in Baltimore: No. 414 S. Durham St.; 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Feb 15 (Month) (Day), 1853 (Year)

7 AGE: 63 yrs. 9 mos. 25 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Conrad Frederick

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Gilder

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) William Eser

(Address) 414 S Durham

DEC 13 1915 Filed ..., 191... ROBERT D. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 10th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 8th, 191... to ... 191..., that I saw h... alive on Dec 10th, 191..., and that death occurred, on the date stated above, at 7 m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 2 yrs. ... mos. 2 ds

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 1 ds.

(Signed) L. Thompson M. D.

Dec 11, 191... (Address) 2013 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: W.M. Carmel — DATE OF BURIAL: Dec 13 1915

20 UNDERTAKER: H. Sander & Sons — ADDRESS: 1710 Eutaw St

C90296

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90296

119

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Ramsay St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Christina Geare

(Residence in Baltimore: No. 1507 Ramsay St.; 33 yrs. 8 mos. 29 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 13th 1882 (Month) (Day) (Year)

7-AGE: 33 yrs. 8 mos. 29 ds. If LESS than 1 day, ____ hrs., or ____ min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto city

PARENTS

10-NAME OF FATHER: Conrad Pitsinger

11-BIRTHPLACE OF FATHER (State or country): Balto city

12-MAIDEN NAME OF MOTHER: Sophia Freisinger

13-BIRTHPLACE OF MOTHER (State or country): Howard Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Sophia Freisinger

(Address): 1507 Ramsay St

15- Filed DEC 13 1915 19__

CLERK OF ANNUITY
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 11th (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1915, to Dec 11th 1915, that I saw h-er alive on Dec 11th 1915, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(Duration) yrs mos ds.

Contributory (SECONDARY): Interstatial Nephritis

(Duration) yrs. mos. 1 ds.

(Signed) Wm D. F. Blair M. D.

Dec 13th 1915 [Address] 1105 Fidelity

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ____ yrs ____ mos ____ ds. In the State ____ yrs ____ mos ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Dec 14 1915

20-UNDERTAKER: Robert. Brooks & Son

ADDRESS: C. E. Cor Calhoun & Hollins

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90237 — 81 — C90237

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2542 Pennsylvania ave 15 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Greasley

(Residence in Baltimore: No. 2542 Pennsylvania Ave St.; 63 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: April (Month) 21st (Day) 1852 (Year)

7-AGE: 63 yrs. 7 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Chas Messersmith

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Louisa E Lemmy

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jacob Greasley

(Address) 2524 Penna Ave

15- Filed DEC 13 1915 19... [illegible] Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 12th (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from about June, 1914, to, Dec 11th 1915, that I saw h e r alive on Dec. 11th 1915, and that death occurred, on the date stated above, at 6 12 m.

The CAUSE OF DEATH* was as follows:

Aneurism of the aorta

about (Duration) 1 yrs mos ds.

Contributory (SECONDARY) Bronchial pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) E. G. Shower M. D.

Dec 17th 1915 [Address] 1224 W. Northern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec. 14th 1915

20-UNDERTAKER: E. F. Walker — ADDRESS: 713 W Lof. Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90238 — C90238

CERTIFICATE OF DEATH.

81

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 N. Broadway ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Haberzett

(Residence in Baltimore: No. 1115 N. Broadway St.) (Lifetime mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS PARAGRAPH IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 1 (Day) 1858 (Year)

7-AGE, 57 yrs. 11 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Haberzett

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ellen Nixon

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary R. Haberzett

(Address) 1115 N. Broadway

15- DEC 13 1915 Filed....., 191.... [illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1915, to Dec 11 1915, that I saw him alive on Dec 11 1915, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Aneurism (Thoracic)

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) 4 yrs. 2 mos. ds.

(Signed) Wally W White M. D.

Dec 11 1915. (Address) 1121 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, Dec 14 191 5

20-UNDERTAKER Fickler & Fickler

ADDRESS 1139 Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 167

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2048 E. Eager ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Wilson

(Residence in Baltimore: No.) 2048 E. Eager St.) 75 yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widower

6-DATE OF BIRTH: July (Month) 12th (Day), 1840 (Year)

7-AGE: 75 yrs. 5 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country): Balto, Md.

PARENTS.

10-NAME OF FATHER: Felix Wilson

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Ireland Mcmahon

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E. Hano

(Address) 2048 E. Eager

15- DEC 13 1915 Filed....., 191.... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 12th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns caused by explosion of Kerosene Lamp after the couch upon which he was sleeping catching fire

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. H. Savage M. D. (Coroner)

Dec. 12, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore County

DATE OF BURIAL: Dec 13 1915

20-UNDERTAKER: Fickler & Fickler

ADDRESS 1737 E. Eager

Walk 101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 545 Mosher street, ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John O. Dozier,

(Residence in Baltimore: No. 545 Mosher street,

St.; yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, ... October (Month) 27th (Day), 1915. (Year)

7-AGE, ... 0 yrs. 1 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None,
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country),
Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Ollie Dozier,

11-BIRTHPLACE OF FATHER (State or Country), Georgia,

12-MAIDEN NAME OF MOTHER Mary Palmer,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ollie Dozier, father,

(Address) 545 Mosher street.

15- Filed DEC 13 1915 191.... HARRY O. ANDREWS Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... December (Month) 12th (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Patrick O'Neill M. D.
(Coroner.)

Dec. 13th 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem.	Dec. 14, 1915

20-UNDERTAKER Jos. H Smith. ADDRESS 706 E Lemmon St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90301 C90301

CERTIFICATE OF DEATH.

152

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Elizabeth La. ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Bertha Schwabland

(Residence in Baltimore: No. 1623 Elizabeth Lane (Age: 0 yrs., 0 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, 11-27, 1915 (Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 16 ds. | If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, John Schwabland

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eleanor Hutton

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Schwabland

(Address) 1623 Elizabeth Lane

15- DEC 13 1915 Burial Permit Given

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12-12, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-7 1915, to 12-12 1915, that I saw her alive on 12-12 1915, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) 0 yrs. 0 mos. 5 ds.

(Signed) O. L. Rusk M. D.

12-13, 1915, (Address) Union Hall

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. | DATE OF BURIAL, Dec. 13, 1915

20-UNDERTAKER Thos. E. Evans Sons | ADDRESS 1428 N. Charles St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C9302 C9302

1917 42

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 3418 Auchentoroly Terrace ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Virginia Boyden

(Residence in Baltimore: No. 3418 Auchentoroly Terrace St.; 58 yrs. 2 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOW(ER)~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Oct (Month) 7 (Day), 1867 (Year)

7-AGE: 58 yrs. 2 mos. 4 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John Galloway

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Mary Bogert

13-BIRTHPLACE OF MOTHER (State or country): New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George A. Boyden

(Address) 3418 Auchentoroly

15- DEC 13 1915 ROBERT J. ANDREWS

Filed ..., 191... Assistant Deputy Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept-10-, 1915, to, Dec-11 1915, that I saw h[illegible] alive on Dec-10 1915, and that death occurred, on the date stated above, at 9.20 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
operation chest & neck

(Duration) 1 yrs — mos. — ds.

Contributory (SECONDARY): Exhaustion

(Duration) ... yrs. ... mos. 1 ds.

(Signed), Elmer G. Hall M. D.

Dec 13 - 1915 [Address] 1617 E. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: Dec 13, 1915

20-UNDERTAKER: Jos B Cook — ADDRESS: 1003 W. Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

690303

05

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. ~~STILLBIRTH~~ No. ~~C~~

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2699 A Bruadt ST.; 20 WARD) REGISTERED No. C 1527

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Mooney Jr

(Residence in Baltimore: No. 2699 A Broadt St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 12, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Norman Mooney

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Carroll

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Norman Mooney

(Address) 2699 A Broadt

15-

Filed DEC 13 1915, 191.... ROBERT J. ARMEN, Vital Records Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw h.... alive on ....191....,
and that death occurred, on the date stated above, at ....m.
The CAUSE OF DEATH* was as follows:

Prolonged Birth

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) W A Neal M. D.

Dec 13, 1915 (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Dec 16, 1915

20-UNDERTAKER Jos B Cook

ADDRESS 1003 W Baltimore St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C90304

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Cole St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Christopher Rotterock

(Residence in Baltimore: No. 1533 Cole St.; 73 yrs. 7 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April 14, 1842 (Month) (Day) (Year)

7-AGE: 73 yrs. 7 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk B & O R R
(b) General nature of industry, business, or establishment in which employed (or employer): Pensioner

9-BIRTHPLACE (State or country): Balto city

PARENTS

10-NAME OF FATHER: Joseph Rotterock

11-BIRTHPLACE OF FATHER (State or country): Balto city

12-MAIDEN NAME OF MOTHER: Victorina Smith

13-BIRTHPLACE OF MOTHER (State or country): Balto city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susanna Rotterock

(Address) 1533 Cole St

15- Filed DEC 13 1915 191.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 11th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11, 1915 to, Dec 11th 1915, that I saw h alive on Dec 11th 1915, and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis
Aortic Stenosis
(Duration) — yrs. — mos. 1 ds.

Contributory (SECONDARY) Cardiac Dilitation
(Duration) yrs. 1 mos. 1 ds.

(Signed) Wm F. F. Blanc M. D
Dec 11th 1915 [Address] 1105 W. Fayette St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Dec 15 1915

20-UNDERTAKER: Jos B Cook

ADDRESS: 603 West Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C90305 C90305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78/9 REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3546 Pool St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johnanah Lovell

(Residence in Baltimore: No. 3546 Pool St.)

St.: 1 yrs., 6 mos., 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, June 11, 1863
(Month) (Day) (Year)

7-AGE, 60 yrs. 6 mos. 29 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse S Lovell

(Address) 3546 Pool St

15- Filed DEC 13 1915, 191.. [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry C Hein M. D.
(Coroner)

Dec 11, 191.. (Address) 2640 Reisterstown

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden | DATE OF BURIAL, Dec 13 19 15

20-UNDERTAKER Ebenezer Sons | ADDRESS Chestnut ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90305 — 28 C90303

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 n milton ave ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August neumann

(Residence in Baltimore: No. 209 n. milton ave St.; 53 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Married

6-DATE OF BIRTH: Jan 18, 1862 (Month) (Day) (Year)

7-AGE: 53 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): New Jersey

PARENTS.

10-NAME OF FATHER: August Neumann

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Runkemeier

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Neumann

(Address) 209 N. Milton Ave

15 DEC 13 1915 Burial Permit Clerk.
Filed....., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Dec 10 1915, that I saw him alive on Dec 9 1915, and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(b) (Glisi Tuberculosis)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) yrs. mos. ds.

(Signed) G. G. Brush M. D.

Dec 11, 1915. (Address) 209 N Milton Ave Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Dec 14, 191...

20-UNDERTAKER: Chas. A. Conway Sons

ADDRESS: 1181 W. Mt. Ave.

AFFIDAVIT

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90307 C90307

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6344 Elmore ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Anthony Henschel

(Residence in Baltimore: No. 6344 Elmore ST.: 35 yrs. 13 mos. ds.)

3944 " "

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov 28 (Month) (Day) 1880 (Year)

7-AGE: 35 yrs. 13 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Shoe Pattern Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto city

PARENTS

10-NAME OF FATHER: Eugene Henschel

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Kohlepp

13-BIRTHPLACE OF MOTHER (State or country): Balto city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eugene A Henschel

(Address) 3944 Elmore

15- DEC 13 1915 191.....

HARRY G ANDREAS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. 11th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1915, to, Dec 11th 1915, that I saw him alive on Dec 10th 1915, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows: Tuberculosis (Pulmonary)

of four (Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Jno F Morrissey M. D.

Dec 13 1915 (Address) 962 N Gilmore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Dec. 14 191 5

20-UNDERTAKER: Geo L. Schwartz & Bro.

ADDRESS: 2101 Frederick Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DO NOT INK THIS IS A PERMANENT RECORD

C90303

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

29 C90303

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Elizabeth Home ST.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Lawson
(Residence in Baltimore: No. St. Paul St.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: F
4-COLOR OR RACE: Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single
6-DATE OF BIRTH: Oct (Month) 11 (Day), 1913 (Year)
7-AGE: 2 yrs. 1 mos. ds. If LESS than 1 day, hrs., or min.?
8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE (State or country): Baltimore Md

PARENTS
10-NAME OF FATHER: Wm Lawson
11-BIRTHPLACE OF FATHER (State or country): Va
12-MAIDEN NAME OF MOTHER: Sarah Brown
13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mother Sr. Mildred
(Address) St. Elizabeth Home

DEC 13 1915
Filed 191
ALBERT J. ARCHER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 11 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 1915, to, Dec 11 1915, that I saw h... alive on Dec 10 1915, and that death occurred, on the date stated above, at 1.30 a.m.
The CAUSE OF DEATH* was as follows:

Acute miliary Tuberculosis

Contributory (SECONDARY): Pleuritis Tuberculosis (Duration) yrs mos 21 ds.
(Duration) yrs mos ds.
(Signed) Edgar P. Friedenwald M. D.
Dec 11 1913 [Address] 6 E Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death ... yrs. 7 mos. In the St. State 2 yrs. mos. ds.
Where was disease contracted, if not at place of death? Removed to Lawson
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S.
DATE OF BURIAL: DEC 11 1915
20-UNDERTAKER: Commissioner Health.
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90309 C90309

CERTIFICATE OF DEATH.

X 50

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma E Wright

(Residence in Baltimore: No. Johns Hopkins Hospital St.; yrs., mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, March (Month) 13th (Day), 1865 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. 8 mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Westphal

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna E Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) R J Smith

(Address) Johns Hopkins Hospital

15- Filed DEC 13 1915, 191... Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11 1915, to Dec 11 1915, that I saw h er alive on December 11 1915, and that death occurred, on the date stated above, at 12 45 p m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(Duration) 16 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hydronephrosis & Cardio respiration failure (Duration) 3 yrs. mos. ds.

(Signed) Ed Guthrie M. D.

Dec 11, 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Lawrenceville md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Dec 14th, 1915
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

a. Eisenberg
Columbia & Calvert

C90310

CERTIFICATE OF DEATH.

C90310

5-120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. Caroline ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D. Lauster

(Residence in Baltimore: No. 418 N. Caroline St.; 66 yrs., 4 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 27th (Day), 1849 (Year)

7-AGE.	If LESS than 1 day,
66 yrs. 4 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, John D Lauster Sr

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Elizabeth Rallmann

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John George Lauster

(Address) 406 N. Caroline st

15-

DEC 13 1915

[illegible] J. ARLETT,
19[illegible] Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12, 1915, to Dec 12 1915, that I saw him alive on Dec 12 1915, and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as followa:

1. Chronic Nephritis and Uraemia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Contributory (Duration) yrs. mos. 1 ds.

(Signed) A. Eisenberg M. D.

Dec 13, 1915. (Address) 2201-3 Orleans St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Dec 15th, 1915

20-UNDERTAKER George Schilling & Sons ADDRESS 1126 E Monument

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C90311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

REGISTERED No. C 9631 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Stockton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wm Thomas

(Residence in Baltimore: No. 2419 Stockton St.; 75 yrs. 1 mos. 21 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 21st (Day), 1840 (Year)

7-AGE, 75 yrs. 1 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R.R.

9-BIRTHPLACE, (State or Country). Balto.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harold B. Thomas

(Address) 2419 Stockton St.

15-

Filed DEC 13 1915 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Dec 12 1915, that I saw him alive on Dec 12 1915, and that death occurred, on the date stated above, at 5.20 p. m.

The CAUSE OF DEATH* was as follows:

Uremia Contracted Kidneys

Diabetes mellitus

(Duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Complication of bronchitis and Senile Gangrene

(Duration) yrs. mos. ds.

(Signed) Otto Schmeck M. D.

Dec. 12, 1915. (Address) 1605 N. Mott St. Cor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Loudon Park. DATE OF BURIAL. Dec 15, 191.5

20-UNDERTAKER A. McCausland ADDRESS 1624 Mt. Royal Ave

C90312

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 C90312

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1305 N Lovvale St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Magdalen Enkazen

(Residence in Baltimore: No. 1305 N Lovvale St.; 12 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH Sept (Month) 18th (Day), 1886 (Year)

7-AGE 29 yrs. 2 mos. 6 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md.

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Gertrude Mund

(Address) 1330 N Lincoln St

15- DEC 13 1915 Filed ....., 191 Chief Clerk Burial Permit

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec (Month) 11th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28th, 1915, to, Dec 11th 1915, that I saw h.r alive on Dec 11th 1915, and that death occurred, on the date stated above, at 5.40 p.m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(Duration) 2 mos 13 ds.

Contributory (SECONDARY) Typhoid Fever

(Duration) 3 yrs 3 mos 13 ds.

(Signed) Otho A Mortimer M. D.

Dec 11 25, 1915. [Address] 530 N Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Greenmount Cem

DATE OF BURIAL Dec 14 191 6

20-UNDERTAKER H. Mahoney

ADDRESS 16 E Lexington

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90313 C90313

CERTIFICATE OF DEATH.

154

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Linden Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Cooper

(Residence in Baltimore: No. 714 Linden Ave St.; 70 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1843 (Year)

7-AGE, 72 yrs. mos. ds.

If LESS than 1 day. hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country). Penna.

PARENTS.

10-NAME OF FATHER, Fred Kyle

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Ann Kyle

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Cooper

(Address) 714 Linden Ave

15- DEC 13 1915 CLERK OF ANGELS, Filed ..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 11 (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Dec 10th 1915, to Dec 11, 1915, that I saw her alive on Dec 10th 1915, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. 4 mos. ds.

(Signed) W. Baughan M. D.

Dec 13 1915. (Address) 354 W. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Dec 13, 1915

20-UNDERTAKER Hurt & Sons — ADDRESS Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90314 C90314

CERTIFICATE OF DEATH.

8 ×37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Higgins

(Residence in Baltimore: No. 4716 Park Heights Ave St.; 5 yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Widow

6-DATE OF BIRTH, Feb. (Month) ..... (Day), 1861. (Year)

7-AGE, 54 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed Brown

(Address) 4716 Park Heights Ave

15. DEC 13 1915 Filed....., 191.. ISAAC S. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 12, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 5 1915, to Dec 12 1915.
that I saw h[illegible] alive on Dec 12 1915
and that death occurred, on the date stated above, at [illegible] m.
The CAUSE OF DEATH* was as follows:

[illegible] Renal Disease

[illegible] (Duration) ....yrs. Not Known mos. ....ds.

CONTRIBUTORY (Secondary) Toxaemia

[illegible] (Duration) ....yrs. ....mos. 5 ds.

(Signed) Edward Smith M. D.

Dec 12, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State 5 yrs. 5 mos. ds.

Where was disease contracted, if not at place of death? 4716 Park Heights Ave

Former or usual residence 4716 Park Heights Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Dec 14, 1915

20-UNDERTAKER Mrs H Rohde & Son — ADDRESS 730 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90315 C90315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Aliceanna St.; 2 Ward)

2-FULL NAME John Rotaszewicz

(Residence in Baltimore: No. 1905 Aliceanna St.; yrs., mos. 1 ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. ...should be carefully supplied. ALL ...rly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 11, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 1 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Julian Rotaszewicz

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Agata Zoglewska

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julian Rotaszewicz

(Address) 1905 Aliceanna

15- DEC 13 1915 Filed ..., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1915, to Dec 12 1915, that I saw h- alive on Dec 12 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. ...mos. 6 hrs.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. Wolcott M. D.

Dec 12, 1915 (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Holy Rosary	Dec 15, 191.
20-UNDERTAKER W. F. Fitzgerald	ADDRESS 16 S Eutaw Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~90316~~ 64 096316

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirm. St.; 65 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Harry Malcolm

(Residence in Baltimore: No. Church Home & Infirmary St.; ~~1~~ yrs., ~ mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Widowed

6-DATE OF BIRTH, ? ? 1847
(Month) (Day) (Year)

7-AGE. 68 yrs. ~ mos. ~ ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Malcolm

(Address) Balto Md

15- DEC 13 1915 Filed....., 191.. Burial Permit Issued
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 10 1915, to Dec. 12 1915, that I saw him alive on Dec 12 1915, and that death occurred, on the date stated above, at 8 45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 hr.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. Hammell Stark M. D.

Dec. 12, 1915. (Address) Church Home City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 68 yrs. mos. ds.

Where was disease contracted, if not at place of death? Here

Former or usual residence Towson - Balto. County

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount Cem	Dec 14, 191..
20-UNDERTAKER Stewart & Mowen Co	ADDRESS 108 W Mott

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—600 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90317 154 C90317

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 N. Bradford ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosina Rode

(Residence in Baltimore: No. 1112 N. Bradford, St.: 71 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct. 6th, 1829. (Month) (Day) (Year)

7-AGE, 86 yrs. 2 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Fidel Hemstetter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Magdelina Fisher

(Address) 1112 N. Bradford St

15- Filed DEC 13 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 11th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1915, to Dec 11 191 5, that I saw h[illegible] alive on Dec 10 191 5, and that death occurred, on the date stated above, at 7.30 A.m.

The CAUSE OF DEATH* was as follows:

Cardiac Weakness

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) B. F. Ste[illegible] M. D.

Dec 17, 191 5 (Address) 305 N. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Dec. 14th, 1915.

20-UNDERTAKER Mr. & Mrs. John H. Teufel

ADDRESS 80 W. Fayette St.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Mary R. Duval

C90318

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C90318

1 PLACE OF DEATH

D

CITY OF BALTIMORE (No. 1731 Ashland St. 7 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Regina Duval

(Residence in Baltimore: No. 1731 Ashland ave St. 6 yrs. 5 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug (Month) 5 (Day), 1909 (Year)

7 AGE: 6 yrs. 5 mos. 5 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto City

PARENTS

10 NAME OF FATHER: Wm C Duval

11 BIRTHPLACE OF FATHER (State or country): Balto City

12 MAIDEN NAME OF MOTHER: Rose L Phoebus

13 BIRTHPLACE OF MOTHER (State or country): Balto City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Phoebus

(Address) 631 Ashland ave

15 Filed DEC 13 1915, 191 ROBERT ... KRAUTH, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 10 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 4 1915 to Dec 10 1915, that I saw h.e. alive on Dec 10 1915, and that death occurred, on the date stated above, at 6.50 P.M.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ... mos. ... ds

Contributory (SECONDARY) Exhaustion

(Duration) ... yrs. ... mos. 14 ds.

(Signed) Alf J Engel M. D.

12/11, 1915. (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec 14, 1915

20 UNDERTAKER: Wm J Schnaffer & Son — ADDRESS: 1806 E. monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C90319

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90319

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N Calhoun ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Cecilia Nolan

(Residence in Baltimore: No. 221 N Calhoun St.; 22 yrs., 4 mos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. Age should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Aug (Month) 4 (Day), 1892 (Year)

7-AGE. 23 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Aron M. Nolan

11-BIRTHPLACE OF FATHER (State or Country), Phila, Pa.

12-MAIDEN NAME OF MOTHER Mary A. Barrett

13-BIRTHPLACE OF MOTHER (State or Country), Phila, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Aron M. Nolan

(Address) 221 N Calhoun

15- Filed DEC 13 1915 191.... ROBERT F. HEALY Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1915, to Dec. 11 1915, that I saw h.. alive on 11 " 191.., and that death occurred, on the date stated above, at 12.15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(Duration) ...yrs. 18 mos. ...ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

(Duration) ...yrs. ...mos. ...ds.

(Signed) E. E. Brady M. D.

Dec 13 1915. (Address) 1602 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL, Dec. 14, 1915

20-UNDERTAKER E. M. Mitchell & Co.

ADDRESS 120 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C90320 C90320

CERTIFICATE OF DEATH.

119

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 Boyd ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Olive Williams

(Residence in Baltimore: No. 903 Boyd St.: 14 yrs., 11 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	Colored	single

6-DATE OF BIRTH. December 19, 1900
(Month) (Day) (Year)

7-AGE. 14 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. William Henry Williams

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Sadie Collins

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie C. Williams

(Address) 903 Boyd St

15- DEC 13 1915 ROBERT P. KRAUTH, Burial Permit Clerk.
Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 11, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 5 1915, to December 11 1915, that I saw her alive on December 10 1915, and that death occurred, on the date stated above, at 2:25 P.m.

The CAUSE OF DEATH* was as follows:

Acute parenchymatous nephritis

(Duration) — yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chester Poland M. D.

12-12-, 1915. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem — DATE OF BURIAL. Dec 14, 1915

20-UNDERTAKER John Heaman Son — ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C0321

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 E. Balto. St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel J. McGonigle

(Residence in Baltimore: No. 1125 E. Balto. St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... (Month) August (Day) ..... (Year)

7-AGE, 37 year ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Railroad

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Daniel Mc

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Margaretta Stark

13-BIRTHPLACE OF MOTHER (State or Country), Irelande

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Mc Gonigle

(Address) 1339 E Northaven

15- Filed DEC 13 1915, 191.... ROBERT , KRAUTHOFF Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, DEC. 12, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10th 191 5, to Dec 12 191 5, that I saw h[illegible] alive on Dec 9 191 5, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Thos. J. McAvoy M. D.

Dec 12, 1915. (Address) 1339 E. Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT, RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery

DATE OF BURIAL, Dec 14 1915

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90322 C90322

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 408 So. Chester St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Mobery

(Residence in Baltimore: No. 408 So. Chester St.; 40 yrs., — mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: April 16, (Month) (Day) 1859 (Year)

7-AGE: 56 yrs. 7 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary Engine

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: ? Mobery

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Carrie Mobery
(Address) 408 So. Chester St

15- Filed DEC 13 1915 ROBERT . KRAUT Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1915, to Dec. 12 1915, that I saw him alive on Dec. 12 1915, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) — yrs. 2 mos. 12 ds.

CONTRIBUTORY (Secondary) Hepatic Atrophy

(Duration) — yrs. 2 mos. 12 ds.

(Signed) William H. Ottman M. D.

Dec. 13, 1915. (Address) 2017 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Dec 16, 1915

20-UNDERTAKER Wm Cook ADDRESS 507 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C90323

REGISTERED No. C

(PLACE OF DEATH

CITY OF BALTIMORE (No. 522 N. Broadway ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip R. Hengst

(Residence in Baltimore: No. 522 N Broadway St.; yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH: May (Month), ... (Day), 1857 (Year)

7-AGE: 59 yrs. 7 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ohio

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Carrie Krugst

(Address) 522 N Broadway

15- Filed DEC 13 1915, 19.. ROBERT . KRAUTH Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: December (Month), 13th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the date stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm M Savage (Coroner), M. D.

Dec 13 1915 (Address) 1729 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Springfield Ohio — DATE OF BURIAL: Dec. 13., 1915

20-UNDERTAKER: A Heintz & Sons — ADDRESS: 221 N Broadway

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90324

CERTIFICATE OF DEATH.

120 C90324

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Eastern Ave St. 3rd WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Written

(Residence in Baltimore: No. 1415 Eastern Ave St.; 26 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Nov (Month) 16 (Day) 1866 (Year)

7-AGE, 49 yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Fuss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Fuss

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Miller

(Address) 1419 Eastern Ave

15- Filed DEC 13 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 191 5, to Dec 12 191 5, that I saw h er alive on Dec 11 191 5, and that death occurred, on the date stated above, at 2.22 a m.

The CAUSE OF DEATH* was as follows:

.....

Uraemic Convulsions

..... (Duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) about 1 yrs. .....mos. .....ds.

(Signed) A. T. Pass M. D.

Dec 13, 1915. (Address) 24 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Lehwald	Dec. 14, 1915.
20-UNDERTAKER Randall Lapp & Son	ADDRESS 37 S Penn

Spec.—8-24-14—M. & T.—2000 Bks.

Ella Rochel.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90325 120 C90325

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 S. Chester ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Rochel

(Residence in Baltimore: No. 241 S Chester st. St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, August 6, 1868
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
55 yrs. 4 mos. 5 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)..... Keeper

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, John Andrews

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ora (surname unknown)

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lola Stein

(Address) 241 S. Chester St

15- Filed DEC 13 1915 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 11, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11 1915, to Dec. 11, 1915, that I saw her alive on Dec. 11, 1915, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis + Chronic Nephritis.

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ... yrs. ... mos. ... ds.

(Signed) Albert L. Chambers M. D.

Dec. 13 1915. (Address) 1012 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Woodlawn Cemetery	December 13 1915.
20-UNDERTAKER	ADDRESS
Kendall Hospelt & Co	37 S Gay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90326 C90326

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 Ashland ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Beck

(Residence in Baltimore: No. 2438 Ashland ave St.; 30 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS especially important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	married

6-DATE OF BIRTH, October 24, 1879.
(Month) (Day) (Year)

7-AGE, 66 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabt. (Cabinet)
(b) General nature of industry, business, or establishment in which employed (or employer): Maker

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Beck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rosina Schall

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Beck

(Address) 2438 Ashland ave.

15- DEC 13 1915 ROBERT . KRAUTH, Burial Permit Clerk
Filed Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 11, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1915, to Dec 11 1915, that I saw h.... alive on Dec 11 1915, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

a Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Adam B Lemmon M. D.

Dec 12, 1915. (Address) 1501 N. Patterson Pk.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Dec. 13, 1915.
20-UNDERTAKER Riddell Klapp & Son	ADDRESS 37 S Howard St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90327

CERTIFICATE OF DEATH.

89 C90327

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Bethel Ct. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Reynolds

(Residence in Baltimore: No. 1616 Bethel Ct. St.; ..... yrs., 11 mos. ..... da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) 13 (Day) ....., 1915 (Year)

7-AGE, ... yrs. 11 mos. ..... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), B C Baltimore City

PARENTS.

10-NAME OF FATHER, Joseph Reynolds

11-BIRTHPLACE OF FATHER (State or Country), B C

12-MAIDEN NAME OF MOTHER, Annie A. Miller

13-BIRTHPLACE OF MOTHER (State or Country), B C Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Reynolds

(Address) 1616 Bethel St.

15- Filed DEC 13 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1915, to Dec 12 1915, that I saw him alive on Dec 11 1915, and that death occurred, on the date stated above, at 8 45 a. m.

The CAUSE OF DEATH* was as follows:

..... Bronchitis Acute .....

..... (Duration) ..... yrs. 1 mos. 5 da.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) ..... M. D.

Dec 12, 1915 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cemetery

DATE OF BURIAL, Dec 14, 191..

20-UNDERTAKER Wendel Koppelman

ADDRESS 373 Main

Spec.—8-24-14—M. & T.—2000 Bks.

565

C90328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43

C90328

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Woodbury Ave ST.: 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susanna Patterson

(Residence in Baltimore: No. 2119 Woodbury Ave St.; 28 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Sept. 20, 1836 (Month) (Day) (Year)

7-AGE: 79 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Richard Gain

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Crow

13-BIRTHPLACE OF MOTHER (State or Country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. H. Patterson

(Address) 2119 Woodbury Ave

15- Filed DEC 13 1915 ROBERT . KRAUTER, Registrar. By Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 12, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9, 1915, to Dec 12, 1915, that I saw her alive on Nov 14, 1915, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast.

Cancer Exophytic

(Duration) about 12 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. W. Dorsett M. D.

Dec 13, 1915 (Address) 2020 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge | DATE OF BURIAL: Dec. 14, 1915.

20-UNDERTAKER: Horace Burgee & Son | ADDRESS: 3631 Falls Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90329 C90329

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 S. Carey ST.: 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Wagner

(Residence in Baltimore: No. 1306 S. Carey st St.: 50 yrs., 6 mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, Married WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, June 7, 1839 (Month) (Day) (Year)

7-AGE, 76 yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... B+O Railroad

9-BIRTHPLACE, (State or Country), Germy

PARENTS.

10-NAME OF FATHER, Wagner

11-BIRTHPLACE OF FATHER (State or Country), Germy

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Wagner

(Address) 1306 S. Carey st

15- Filed DEC 13 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1915, to Dec 11 1915, that I saw him alive on Dec 11th 1915, and that death occurred, on the date stated above, at 9 45 m.

The CAUSE OF DEATH* was as follows:

1 Paralysis of left side

2

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

2 (Duration) 1 yrs. ....mos. ....ds.

(Signed) Hubert L. Dixon M. D.

12-13-15, 191.. (Address) 1727 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Linden Park Cem

DATE OF BURIAL, 12-14-15, 191..

20-UNDERTAKER Jos Snowden's Son

ADDRESS 217 S. Pace

C90330

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90330

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Josephs Hospital ST. 16 WARD)

REGISTERED NO. C 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clinton Alex. Derrenberger

(Residence in Baltimore: No. 1003 E. Lanvale St.; yrs., from birth mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, February (Month) 23rd (Day), 1910 (Year)

7-AGE, 5 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto.

PARENTS.

10-NAME OF FATHER, Joseph Derrenberger

11-BIRTHPLACE OF FATHER, (State or Country). Balto.

12-MAIDEN NAME OF MOTHER Minnie Slazmann

13-BIRTHPLACE OF MOTHER (State or Country). Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Minnie Derrenberger

(Address) 1003 E. Lanvale

15- ROBERT J. KRAUTER, Burial Permit Clerk

FILED DEC 13 1915, 191.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 12th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull, the result of being accidentally struck by an automobile

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wilkes H. Savage M. D. (Coroner.)

Dec. 13, 1915. (Address) 1724 Madison Ave

*State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Head of accident: Lanvale & Howard Sts.

Former or usual residence 1003 E. Lanvale

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, Dec. 15, 1915

20-UNDERTAKER H. C. Wiedefeld ADDRESS 914 Fremont Ave

Spec.—5-19-13—M. & T.—500 Blks.

C90331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

C90331

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Division ST.) 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Pitts

(Residence in Baltimore: No. 823 Division St.) St.: 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1846 (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Geo Pitts

(Address) 1460 N Carey St

15- DEC 14 1915 Filed, 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 12 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 191 5, to Dec 12 1915, that I saw her alive on Dec 11 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 1 yrs. mos. ds.

(Signed) Chas E Lawlor M. D.

Dec 12, 1915. (Address) 814 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Dec 14, 191 5

20-UNDERTAKER James E Deyhle

ADDRESS 1614 Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90332

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90332

1 PLACE OF DEATH — Registered No. C 170

CITY OF BALTIMORE (No. Aged Men & Womens Home St. 224 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arrianna Nelson

(Residence in Baltimore: No. 1622 Druid Hill Ave St.: 60 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Unknown (Month) (Day), 1830 (Year)

7 AGE: 85 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Pulley

(Address) 1622 Druid Hill ave

15. DEC 14 1915, 191 [illegible] Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 12 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1915, to Dec 12 1915, that I saw h[illegible] alive on Dec 11, 1915, and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

X (Duration) yrs. 4 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. 4 mos. ds.

(Signed): Chas. V. Fitzgerald M. D.

12/13, 1915 (Address) 1116 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 1 yrs. 6 mos. — ds. In the State 85 yrs. 11 mos. ds.

Where was disease contracted, if not at place of death? Aged Men & Womens Home

Former or usual residence Aged Men & Womens Home

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL: Dec 14, 1915

20 UNDERTAKER: John H Scarden — ADDRESS 142 W Hill St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90333 C90333

CERTIFICATE OF DEATH. 28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Greenmount Ave St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret O' Brien

(Residence in Baltimore: No. 924 Greenmount Ave St.; 26 yrs., ~ mos. ~ da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. Not Known ....., 1 .....
(Month) (Day) (Year)

7-AGE. 39 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Co. Md.

PARENTS.

10-NAME OF FATHER. John Snyder

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Mary Kozlo

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Snyder

(Address) 924 Greenmount Ave

15- Filed DEC 14 1915, 191.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 12th 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1915, to December 12 1915, that I saw h last alive on December 10, 1915, and that death occurred, on the date stated above, at 3:05 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

..... (Duration) ..... yrs. 9 mos. ..... da.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. 7 da.

(Signed) ..... P E Lilly ..... M. D.

Dec 13, 1915. (Address) 822 E Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	Dec 15, 1915
20-UNDERTAKER	**ADDRESS**
Henry Storck Son	130 E Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90334

CERTIFICATE OF DEATH.

120 C90334

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1305 E. Eager St.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Dimpler

(Residence in Baltimore: No. 1305 E Eager St.; 55 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, February 17, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 10 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Anna M. Dimpler
(Address) 1305 E Eager St

15- DEC 14 1915
Filed....., 191.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25, 1915, to Dec 13 1915, that I saw h[illegible] alive on Dec 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Primary Broncho Pneumonia

Acute Primary Myocarditis

CONTRIBUTORY (Secondary) Chronic Valvular Disease of Heart

(Duration) 2 yrs. 2 mos. ? ds.

(Signed) Charles G. Killam M. D.

Dec 13, 1915. (Address) 1714 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Dec. 16, 1915

20-UNDERTAKER Henry Hauck Son — ADDRESS 1301 E Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146

C90335

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Harris

(Residence in Baltimore: No. 1301 Glyndon ave St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1873 (Year)

7-AGE. 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Piano Works

9-BIRTHPLACE, (State or Country) Russia

PARENTS.

10-NAME OF FATHER, Joseph Harris

11-BIRTHPLACE OF FATHER (State or Country), Roumania

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1414 E. Baltimore St.

15-

Filed DEC 14 1915, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11 1915, to Dec 13, 1915, that I saw him alive on Dec 13, 1915, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Suppurative Mastoiditis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Septic-pyemia

(Duration) 5 yrs. mos. ds.

(Signed) [illegible] M. D.

12.13, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 2 ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1301 Glyndon ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Bd

DATE OF BURIAL, 12/17, 1915

20-UNDERTAKER Joak Lewis

ADDRESS 1414 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

126 C90336

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelson Brown

(Residence in Baltimore: No. 1805 W. Vine St St.; 14 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Widower

6-DATE OF BIRTH, ... 12 (Month) ..... 1 (Day) ....., 1 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Nelson Brown

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Charlotte Carey

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- FILED DEC 14 1915 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 8 1915, to Dec 11 1915, that I saw him alive on December 11 1915, and that death occurred, on the date stated above, at 10 40 p m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis, Double

(Duration) ..... yrs. 3 mos. (?) ..... ds.

CONTRIBUTORY (Secondary) Incontinence Hypertrophy

(Duration) ..... yrs. 3 (?) mos. ..... ds.

(Signed) A. J. Smith M. D.

Dec 12, 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 8 ds. In the State 14 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1805 W. Vine St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Dec. 14, 1915
20-UNDERTAKER Felix B. Pyle	ADDRESS 102 E. Mulberry St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90337 C90337

CERTIFICATE OF DEATH.

83

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Mason

(Residence in Baltimore: No. 402 W. Hoffman St St. Fell yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Feb. (Month) ..... (Day) 1873 (Year)

7-AGE, 42 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Y.M.C.A. Bldg

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Joseph Mason

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Henrietta Patterson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rec'd Mercy Hospital

(Address) Eastern Ave

15- DEC 14 1915

Filed....., 191.... Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1915, to Dec 12 1915, that I saw h.. alive on Dec 12 1915, and that death occurred, on the date stated above, at 11:00 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion Terminal Albumin & Casts

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Edward L. Cantz M. D.

Dec. 13, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 402 W. Hoffman St

Former or usual residence 402 W. Hoffman St

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Dec. 15, 1915

20-UNDERTAKER Felix Bopp — ADDRESS 102 E. Mulberry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90338 C90338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 126 S. Mount St.; 19 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Veith

(Residence in Baltimore: No. 126 S. Mount St.; 48 yrs., ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July (Month) 22 (Day), 1847 (Year)

7-AGE, 68 yrs. 4 mos. 21 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House-wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas H. Veith

(Address) 430 S. Payson St.

15- DEC 14 1915 HARRY O. ANDREWS, Filed ..... 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1915 to Dec 13 1915, that I saw her alive on Dec 13 1915, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) 5 yrs. 10 mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Gastro-Enteritis

(Duration) 5 yrs. 5 mos. 7 ds.

(Signed) Henry C. Chee M. D.

Dec. 13, 1915. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral | DATE OF BURIAL, Dec. 15., 1915.

20-UNDERTAKER J. F. Cook | ADDRESS 502 Ellsworth

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

69

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1166 W. Hamburg ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland M. Cranfield

(Residence in Baltimore: No. 1166 W. Hamburg St.; 1 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 15 (Day) 1914 (Year)

7-AGE, 1 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thos M Cranfield

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Louisa Biedelock

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Cranfield

(Address) 1166 W Hamburg St

15- Filed DEC 14 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Dec 13 1915, that I saw him alive on Dec 13 1915, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Meningitis
Epidemic

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY, (Secondary) Pneumonia

(Duration) yrs. mos. 6 ds.

(Signed) J. M. Longnecker M. D.

Dec 13, 1915. (Address) 826 N Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Co | DATE OF BURIAL, Dec 15, 1915

20-UNDERTAKER Gillian Cook | ADDRESS 502 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90340 37 Wd 4013 C90340

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Woods

(Residence in Baltimore: No. 1315 Uticanna Stut St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ...December....9....., 1862
(Month) (Day) (Year)

7-AGE, 52 yrs. 11 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Ship Yard
(b) General nature of industry, business, or establishment in which employed (or employer)..... Palmer

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jas Woods

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..M. Shaw.....

(Address) Johns Hopkins Hospital

15-
Filed DEC 14 1915, 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...December....9....., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 30 1915, to December 9 1915, that I saw h... alive on December 9 1915, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Cardic ...appellicevrap.....

.....

Acute hepatic colitis

..... (Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Syphilis

..... (Duration) ? yrs. ....mos. ....ds.

(Signed) H. Clough, ...M. D.

Dec 9, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? /

Former or usual residence 1315 Uticanna Stut

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, DEC 13 1915, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

H. E. WOODALL

FOR ANATOMICAL PURPOSES.

Spec.—5-19-13—M. & T.—500 Bks.

C90541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C90541

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2422 E. Chase ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Didszuweit (Didszuweit)

(Residence in Baltimore: No. 2422 E Chase St.: 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Maried

6-DATE OF BIRTH, Sept 19 (Month) (Day), 1842 (Year)

7-AGE, 73 yrs. 2 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Martin Mangold

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Langhold

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Fredrick Didszuweit
(Address) 2422 E. Chase St

15- DEC 14 1915 HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1915, to Dec 14 1915, that I saw h[illegible] alive on Dec 13 1915, and that death occurred, on the date stated above, at 12 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mon. ds.

(Signed) B P Herzog MD

Dec 14, 1915. (Address) 1305 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Emmanuel Cemetery

DATE OF BURIAL, Dec 15, 1915

20-UNDERTAKER Louis Heeman

ADDRESS 32 d Broad

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OLD AK

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(90312)

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Mott St ST.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Pierce

(Residence in Baltimore: No. 404 Mott St St.; —yrs., —mos. —ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 52 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cassander Mathews

(Address) 415 Mott St

15- Filed DEC 14 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 12, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Dec 12 1915, that I saw h w alive on Dec 11 1915, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Mammary Cancer

Involving Viscera Liver & Stomach & Kidneys

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) W. C. Bruce M. D.

Dec 13 1915 (Address) 2218 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetary

DATE OF BURIAL, Dec 14th, 191...

20-UNDERTAKER Chas O. Bailey

ADDRESS 1421 W Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90343

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90343

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Wahrheim

(Residence in Baltimore: No. 2609 Orleans St.; Fifteen (15 yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 30th, 1899 (Month) (Day) (Year)

7-AGE, 20 yrs. mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Geo. Wehrheim

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Jennie McGinn

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Wehrheim

(Address) 2609 Orleans.

15-

Filed DEC 14 1915 HARRY O. ANDREWS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 12, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1915, to Dec 12 1915, that I saw h[illegible] alive on Dec 11 1915, and that death occurred, on the date stated above, at 4 Pm.

The CAUSE OF DEATH* was as follows:

Obstruction of Treachea

Chronic Myocarditis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) 8 yrs. mos. ds.

(Signed) Edward Pettorelli M. D.

Dec 13, 1915. (Address) 208 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Dec 15 1915

20-UNDERTAKER John A Moran

ADDRESS Bang & Annex

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90344

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C90344

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 539 Columbia Ave. ST. 77 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary D Harney

(Residence in Baltimore: No. 539 Columbia Ave ST. 16 yrs. — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Dec — 30, 1839 (Month) (Day) (Year)

7-AGE: 75 yrs. 11 mos. 12 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Matron Sufft of Schools
(b) General nature of industry, business, or establishment in which employed (or employer): Guild Home

9-BIRTHPLACE (State or country): Pa. —

PARENTS

10-NAME OF FATHER: Robt Sterle

11-BIRTHPLACE OF FATHER (State or country): (?)

12-MAIDEN NAME OF MOTHER: Mary O St —

13-BIRTHPLACE OF MOTHER (State or country): (?)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Frances Harney

(Address) 539 Columbia

DEC 14 1915 MARK'D ALLOWED

Filed ..... 191 Burial Permit Clerk's

REGISTRAR

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec — 12, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1915, to Dec — 12 1915, that I saw h— alive on Dec — 12, 1915, and that death occurred, on the date stated above, at 6:30 a m.

The CAUSE OF DEATH* was as follows:

Senile Arteris-sclerosis

with

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Chronic Myocarditis

(Duration) — yrs. 6 mos. — ds.

(Signed) Wesley Caldwell M. D.

Dec 13, 1915 (Address) 2202 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OR INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Abington Church Yard Penna

DATE OF BURIAL: Dec — 15 1915

20-UNDERTAKER: W. J. Tickner & Sons

ADDRESS: Pennsylvania

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90345 92 C90345

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 47 N Schroeder ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Xavier Copenger (Copenger)

(Residence in Baltimore: No. 47 N Schroeder St.: yrs., 7 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 1 (Day) 1908 (Year)

7-AGE, ... yrs. 7 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Jno Copenger

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Christiana

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno Copenger

(Address) 47 N Schroeder St

15- Filed DEC 14 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1915, to Dec 13 1915, that I saw h-m alive on Dec 12 1915, and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ..... ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) E O Neal M. D.

Dec 14/15 (Address) 711 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. DATE OF BURIAL. Dec 14, 1915

20-UNDERTAKER Wood & Foley Undertaking House ADDRESS No 18 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(90346 (90346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 175X

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Roach

(Residence in Baltimore: No. Mercy Hospital ST.: 5 Minutes)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 20 (Day), 1847 (Year)

7-AGE, 68 yrs. 4 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Gardener
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Wm Roach.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Anne McAndrews.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Farrell

(Address) Belvedere Hotel

15 DEC 14 1915 HARRY O ANDREWS, Burial Permit Clerk
Filed....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident Struck by automobile

(Duration) .....yrs. ..... mos. 1/2 hour ds.

CONTRIBUTORY (Secondary) Fracture base of skull

(Duration) .....yrs. ..... mos. ..... ds.

(Signed) H. Lothrop Chamberlayne M. D. (Coroner.)

Dec. 14, 1915. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence Baltimore

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, Dec 16, 1915

20-UNDERTAKER Jos. F. Fahey & Sons

ADDRESS 831 Eighth St.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90347 C90347

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 540 N. Lafayette Ave 17 WARD) REGISTERED No. C 37

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Jefferson

(Residence in Baltimore: No. 544 N. Lafayette Ave Sr. 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH ..... (Month) ..... (Day) 1850 (Year)

7-AGE 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Thomas Jefferson

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Emeline

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie Jefferson

(Address) 544 N. Lafayette Ave

DEC 14 1915 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec (Month) 11 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 1915, to Dec 11 1915, that I saw h— alive on Death, 1915, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,
(Hemorrhage from lung constant)
Duration—Acute yrs. 8 mos. ds

Contributory (SECONDARY) Endocarditis Chronic
(Duration) yrs. mos. ds.

(Signed) J. D. Eichhorst M. D.

12/14, 1915 (Address) 211 N. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 12/14 1915

20-UNDERTAKER: Saml F Kemsley — ADDRESS: 578 W Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90348 C90348

64

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. 2724 N. Charles St. REGISTERED No. C

Fidelity Ward (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Annie Jones

(Residence in Baltimore: No. 1304 W. Lexington St. Single yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Feby 15, 1830 (Month) (Day) (Year)

7-AGE. 85 yrs. 9 mos. 28 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Levin Littleton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Matilda Hyland

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Frank Bolton

(Address) Ruxton Md

15-DEC 14 1915 HARRY O. ANDREWS, Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 26 191 , to Dec. 12 191 5; that I saw h alive on Dec. 12 191 5; and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Cardiac

(Duration) yrs. mos. 16 da.

CONTRIBUTORY (Secondary) Cardiac Nephritis

(Duration) yrs. mos. 1 da.

(Signed) C. R. Norman M. D.

12 13 1915 (Address) 1604 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 da. In the State Life yrs. mos. da.

Where was disease contracted, if not at place of death? 1304 W. Lexington St.

Former or usual residence 1304 W. Lexington St.

19-PLACE OF BURIAL OR REMOVAL. Loudon Park DATE OF BURIAL. Dec 16, 1915

20-UNDERTAKER Ellis Mitchell ADDRESS 208 W. Fayette St.

IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION is very important. Cause of death in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

C90349

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90349

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Cathedral St.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Pue Dobbin Pennington

(Residence in Baltimore: No. 922 Cathedral Street St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, September 18th (Month) (Day), 1833 (Year)

7-AGE, 82 yrs. 2 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo W Dobbin

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Rebecca Pue

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W Dobbin Pennington

(Address) 924 Cathedral St

15-

Filed DEC 14 1915, 191.. HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 25 1915, to Decemb 12 1915, that I saw h[er] alive on Dec 12 1915, and that death occurred, on the date stated above, at 1 1/2 m.

THE CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Gradually increasing Coma

age

(Duration) Unknown ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(Duration) yrs. 4 mos. ds.

(Signed) Francis T Stewart M. D.

Dec. 13, 1915 (Address) 1126 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	12-15, 1915
20-UNDERTAKER, Henry W Jenkins Son	ADDRESS Richard & Pine Sts

important. See instructions on back of certificate.

...erly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90350 C90350

CERTIFICATE OF DEATH.

REGISTERED NO. C 137

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Briscoe.

(Residence in Baltimore: No. High Tyson St ST.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. Sept 14, 1894 (Month) (Day) (Year)

7-AGE, 21 yrs. 2 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework.
(b) General nature of industry, business, or establishment in which employed (or employer). At home.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Johnson

11-BIRTHPLACE OF FATHER (State or Country). md

12-MAIDEN NAME OF MOTHER Lucy Butler

13-BIRTHPLACE OF MOTHER (State or Country). md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Briscoe

(Address) 419 Tyson St

15 DEC 14 1915 Filed, 191 HARRY O ANDREWS, BURIAL PERMIT Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1915, to Dec 10 1915, that I saw h[illegible] alive on Dec 10 1915, and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal Infection - Streptococcus Pertussis

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) John G. Hemmeter Jr M. D.

Dec 11, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State 21 yrs. 2 mos. 26 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 419 Tyson St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Dec. 14, 1915

20-UNDERTAKER Robert A. Elliott — ADDRESS 5th & Rogers Ave

Fill in all items in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90351

CERTIFICATE OF DEATH.

52 C90351

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 N Hare St ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine T Eck

(Residence in Baltimore: No. 105 N Hare St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, January 5, 1858, (Month) (Day) (Year)

7-AGE, 57 yrs. 11 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Matthew Judd

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Phylapina Bauer

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). August L. Eck

(Address)..... 105 N. Hare St.

15- DEC 14 1915 EARL O. ANDREAS, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9 1915, to Dec 13 1915, that I saw h[illegible] alive on Dec 12 1915, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration).....yrs. 6 mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.

Dec 13 1915 (Address) 2938 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, Dec. 16, 1915.

20-UNDERTAKER E M McNeal & Co

ADDRESS 1201 Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

C90352

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Lennox ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Elizabeth Kimmelshue

(Residence in Baltimore: No. 617 Lennox St.; Fife yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, Nov 2, 1913
(Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 12 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, Geo. E. Kimmelshue

11-BIRTHPLACE OF FATHER (State or Country), Hagerstown Md

12-MAIDEN NAME OF MOTHER, Lillie Gardner

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo E. Kimmelshue

(Address) 617 Lennox St.

15- DEC 14 1915 ROBERT . KRAUTER,
Filed ....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1915, to Dec 14 1915, that I saw h.r alive on Dec 13 1915, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. L. Fair M. D.

Dec 14 1915. (Address) 12 E. 20 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Balto. Cemetery — DATE OF BURIAL, Dec 15, 1915

20-UNDERTAKER H. Sander & Sons — ADDRESS 1210 Eutaw St

Please fill in all items, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90353 64 C90353

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 S. Smallwood ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John W. Hardesty

(Residence in Baltimore: No. 530 S. Smallwood St.: 36 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. 22, 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. 3 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Carriage (Hack)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, C. H. Hardesty

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Annie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia A. Hardesty

(Address) 530 S. Smallwood St.

15- DEC 14 1915 Filed.. 191.. ROBERT . KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 13 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 191 V, to Dec 13 191 V, that I saw h[illegible] alive on Dec 12 191 V, and that death occurred, on the date stated above, at 3:10 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) X yrs. X mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Tumor

(Duration) X yrs. X mos. 2 ds.

(Signed) R. B. Wilson M. D.

12/13, 191V. (Address) 1913 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Louden Park. DATE OF BURIAL, Dec 16, 191.5

20-UNDERTAKER W. M. Gaulter ADDRESS 1624 1/2 Pa. Ave

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90354

HEALTH DEPARTMENT--CITY OF BALTIMORE

81 C90354

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3621 Greenmount ave ST.: 9 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hedwig Franziske Elizabeth Scholtz

(Residence in Baltimore: No. 3621 Greenmount ave St.: 2 yrs. mos. ds.)

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widowed

6-DATE OF BIRTH: Sept. (Month) 30 (Day), 1842 (Year)

7-AGE: 73 yrs. 2 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Adolf Von Mannstein

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Karl A. M. Scholtz

(Address) 3624 Greenmount Ave

15- Filed DEC 14 1915, 191 ROBERT KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 13 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1915, to Dec. 13 1915, that I saw her alive on Dec. 13, 1915, and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. 1 mos. 11 ds

Contributory (SECONDARY) Coma.

(Duration) yrs. mos. 3 ds.

(Signed) H. C. Hees M. D.

Dec. 14, 1915 (Address) Govans Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec. 15 1915

20-UNDERTAKER: A. Fink & Son

ADDRESS: 915 N. Gay St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C90355

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1811 N. Duncan St. ST. 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie L. Helm.

(Residence in Baltimore: No. 1811 N Duncan St.? yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, ? (Month) (Day) 1844 (Year)

7-AGE, 71 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Thomas Farrell

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Annie Stanton

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Freyer

(Address) 1236 E. Oliver

15- DEC 14 1915 ROBERT . KRAUTH Burial Permit Clerk.
Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 13th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Martin Savage M. D. (Coroner.)

Dec. 13, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Dec 15, 1915

20-UNDERTAKER Wm Cook ADDRESS 502 E. North

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. AGE should be carefully supplied. All information should be properly classified. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90356 C90356

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH: Hamilton Sq. Hospital × 92

CITY OF BALTIMORE: (No. Fayette E. of Calhoun ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Antony Spurrier

(Residence in Baltimore: No. Annapolis ave Mt Winans 2nd. St.: 17 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: October (Month) 14 (Day), 1866 (Year)

7-AGE: 49 yrs. 2 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Tunnel

9-BIRTHPLACE, (State or Country), Carroll Co. Md

PARENTS.

10-NAME OF FATHER, Bernard Spurrier

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Harriett Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Spurrier

(Address) Mt Winans Md

15- Filed DEC 14 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 13 1915, to Dec. 14 1915, that I saw him alive on Dec. 13 1915, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar) 6 days

And Causing Emphysema

..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Emphysema

..... (Duration) ....yrs. ....mos. 4 ds.

(Signed) H. C. G. Dudrow M. D.

Dec. 14, 1915. (Address) Hamilton Sq. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 2 ds. In the State 17 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Mt Winans

Former or usual residence Mt Winans Balto Co.

19-PLACE OF BURIAL, OR REMOVAL, London Park Cem. DATE OF BURIAL, Dec 17, 191...

20-UNDERTAKER John Cook ADDRESS 507 E. Monument

Spec.—5-19-13—M. & T.—500 Bks.

IMPORTANT.—Before filling in please read carefully. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOTE.—NAME should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90357

REGISTERED NO. C 90357

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2213 Druidhill avenue, St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Rosell,

(Residence in Baltimore: No. 2213 Druidhill avenue, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single,

6-DATE OF BIRTH, October (Month) 26th, (Day) 1915. (Year)

7-AGE, 0 yrs. 0 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Rosell,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Carrie Washington,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Rosell, mother,

(Address) 2213 Druidhill avenue.

15- Filed DEC 14 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 13th., (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lues,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Kemp[illegible] (Coroner.) M. D.

Dec. 13, 191 5 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W M Cemetery — DATE OF BURIAL, Dec. 16., 1915

20-UNDERTAKER J. Benny Smith — ADDRESS 706 W Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90358 119 C90358

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 W. Lemmon St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Burton

(Residence in Baltimore: No. 229 W. Lemmon St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	Widower

6-DATE OF BIRTH, Nov. 5, 1853 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
62 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): White Washing

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST ~~OF~~ MY KNOWLEDGE.

(Informant) Samuel Burton Jr

(Address) 229 W. Lemmon St

15- Rec. DEC 14 1915 191 ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 191, to Dec 13 191, that I saw h[illegible] alive on Dec 13 191, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 7 ds.

(Signed) [illegible] M. D.

Dec 14, 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Lions Ct	Dec 15, 1915
20-UNDERTAKER	ADDRESS
C. H. Townsend Sons	1500 W. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90359 C90359

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 672 Rotary St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Johnson

(Residence in Baltimore: No. 672 Rotary St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dec 6, 1866
(Month) (Day) (Year)

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Md

PARENTS.

10-NAME OF FATHER. William Brown

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mary Moore

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mallie Johnson

(Address) 672 Rotary St.

15 DEC 15 1915 HARRY O. ANDREWS,
Filed ....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-9-1915, to 12-12 1915; that I saw h Her alive on Dec 12 1915; and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Debility, old

(Duration) yrs. mos. ds.

(Signed) F. M. Caudon M. D.

12-15-1915 (Address) 1574 Druid Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, Dec 15 1915

20-UNDERTAKER Charles B. Jones

ADDRESS 1129 W Baltimore St

important. See instructions on back of certificate.

C90360

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

C90360

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1116 Jenkins alley, ST. 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Filmore Graves,

(Residence in Baltimore: No. 1116 Jenkins alley,

Sd. 85 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH,

.....Unknown,....., /.....
(Month) (Day) (Year)

7-AGE.

48 ? yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:

(a) Trade, profession, or particular kind of work..... Day laborer,

(b) General nature of industry, business, or establishment in which employed (or employer)..... Truck farm,

9-BIRTHPLACE, (State or Country). Maryland,

PARENTS.

10-NAME OF FATHER. Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Louisa Swift,

13-BIRTHPLACE OF MOTHER (State or Country). Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Graves, sister-in-law,

(Address) 1116 Jenkins alley.

15- DEC 15 1915

Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH,

.....December...12th.., 1915..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..inquiry.....
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

.....Valvular heart disease,.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ...yrs.....mos.....ds.

(Signed) J. Frederick Rumpf M. D.
(Coroner.)

Dec. 14th 191.5 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Laurel Cemetery	Dec 15, 1915
20-UNDERTAKER Robt. A. Elliott	ADDRESS 504 East St,

1. Sex, color or race, single, married, widowed or divorced, age, occupation and birthplace should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90361 C90361

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital St.: 11 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David E. Brown

(Residence in Baltimore: No. 924 Bolton St.: 9 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 25 (Day), 1875 (Year)

7-AGE, 40 yrs. 4 mos. 18 ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), U.S.

PARENTS.

10-NAME OF FATHER, Frank Brown

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary Brown (Wife)
(Address) 924 Bolton St.

15- DEC 15 1915 HARRY O ANDREWS, Burial Permit Clerk
Filed....., 191..
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6th 1915, to Dec 13 1915, that I saw h[illegible] alive on Dec 12 1915, and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary)* Pulmonary Tuberculosis

Uremia (Duration) yrs. mos. 7 ds.

(Signed) E. Dart Pott M. D.

Dec 13, 1915. (Address) 354 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 9 yrs. mos.

Where was disease contracted, if not at place of death? 924 Bolton St

Farmer or usual residence 924 Bolton St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Dec 16, 1915

20-UNDERTAKER George H. Holland — ADDRESS 517 Robert St.

important. See instructions on back of certificate.

C90362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

C90362

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 10 E. Hamilton St ST. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catherine Somers

(Residence in Baltimore: No. 10 E. Hamilton ST. 7 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: Uncertain (Month), (Day), 1855 (Year)

7 AGE: 60 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Talbot County Md

PARENTS

10 NAME OF FATHER: George Green

11 BIRTHPLACE OF FATHER (State or country): Talbot Co

12 MAIDEN NAME OF MOTHER: Catherine Green

13 BIRTHPLACE OF MOTHER (State or country): Talbot Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henrietta Frisby
(Address) 10 E. Hamilton St

15 Filed DEC 15 1915, 191

HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 13 (Month) (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1915, to Nov 24 1915, that I saw her alive on Nov 24, 1915, and that death occurred, on the date stated above, at 11 30 m.
The CAUSE OF DEATH* was as follows:

Valvular disease of heart.

(Duration) yrs. 1 mos. 15 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) B & B Browne M. D.
Dec 13, 1915 (Address) 510 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Double Mills Talbot Co Md.
DATE OF BURIAL: Dec 16, 1915

20 UNDERTAKER: George H. Holland
ADDRESS 517 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90363 C90363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 105

1-PLACE OF DEATH

CITY OF BALTIMORE (No 1907 Alaeanna ST.: 2 WARD) REGISTERED No. C

2-FULL NAME Owen Gaffney

(Residence in Baltimore: No. 1907 Alaeanna St.; yrs., Not known mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Not Known

6-DATE OF BIRTH, Not Known (Month), 1 (Day), ... (Year)

7-AGE, about 42 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Not Known

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. O. N. Jones

(Address) 3116 O'Donnell St.

15- DEC 15 1915 HARRY O. ANDREAS, Burial Permit Clerk.
Filed ....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 11th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extra Cardiac

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. N. Jones M. D.
(Coroner.)

Dec 14th, 1915 (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	Dec 15, 1915
20-UNDERTAKER Zirkel & Zirkel	ADDRESS 1739 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90364

CERTIFICATE OF DEATH.

120 C90364

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 E. Hill ST.; 22 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Miller

(Residence in Baltimore: No. 124 E. Hill St.; —yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Widow

6-DATE OF BIRTH, Sept (Month) — (Day) 1848 (Year)

7-AGE, 67 yrs. 2 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Peter Hughes

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary McEvene

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Smith

(Address) 124 E. Hill st

15- Filed DEC 15 1915, 191..... HARRY O. ANDREWS, Registrar. Registrar's Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 13 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1915, to Dec 13 1915, that I saw h[illegible] alive on Dec 13 191[illegible], and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) — yrs. — mos. 2 ds.

(Signed) Jas McDowell M. D.

Dec 14..., 1915. (Address) 1626 Mst. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Dec. 16, 1915
20-UNDERTAKER F. A. Kirkus	ADDRESS 703 Hanover

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C90365

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Eastern ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicolas Lamm (Lamm)

(Residence in Baltimore: No. 1008 Eastern ave St.; 0 yrs., 2 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, ... September (Month) 13 (Day), 1912 (Year)

7-AGE, 3 yrs. 2 mos. 2 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Calvin Lamm

11-BIRTHPLACE OF FATHER (State or Country), Ditto

12-MAIDEN NAME OF MOTHER Anna Allaisa

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Calvin Lamm

(Address) 1005 Eastern ave

15- Filed DEC 15 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 11 (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 11 1915, to Dec 11 1915, that I saw h alive on Dec 11 1915, and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

..... Broncho Pneumonia .....

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Dec 11, 1915 (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Lincoln Cem — DATE OF BURIAL, December 15 1915

20-UNDERTAKER Randall Applegate — ADDRESS 373 Penn

Property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90365 C90366

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH Mary Lena Gordon REGISTERED No. C 37

CITY OF BALTIMORE: (No. 24 St. Elizabeths House ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lena Gordon

(Residence in Baltimore: No. 24 E. House St.; yrs. 6 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Child

6-DATE OF BIRTH: Jan (Month) 6 (Day), 1915 (Year)

7-AGE: yrs. 11 mos. 7 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE (State or country) Balto

PARENTS

10-NAME OF FATHER Ben Scott.

11-BIRTHPLACE OF FATHER (State or country) Balto

12-MAIDEN NAME OF MOTHER Mary Gordon

13-BIRTHPLACE OF MOTHER (State or country) Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15- Filed DEC 15 1915, 191

HARRY O. ..... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19, 1915, to, Dec 13 1915, that I saw h er alive on Dec 13 1915, and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Hereditary Syphilis

(Duration) yrs 11 mos. 7 ds.

Contributory (SECONDARY) Enterocolitis

(Duration) yrs mos 2 ds.

(Signed) [illegible] M. D.

Dec 14, 191 5. [Address] 616 Linden Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. 6 mos 24 ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL DATE OF BURIAL DEC 14 1915, 191

20-UNDERTAKER Health Commissioner ADDRESS

FOR ANATOMICAL PURPOSES.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90357

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90357

CERTIFICATE OF DEATH.

x92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jackson

(Residence in Baltimore: No. Sparrows Point St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, ..27..yrs.....mos.....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, —

11-BIRTHPLACE OF FATHER (State or Country), —

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... P. L. Wright

(Address)..... Md. General Hosp.

15- DEC 15 1915 HARRY O. AJOHNS HOPKINS HOSPITAL

Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec. 11th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 6th, 1915, to Dec. 11th, 1915, that I saw him alive on Dec. 11th, 1915, and that death occurred, on the date stated above, at 10.30 A.m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Oedema

.....

..... (Duration)....yrs.....mos....1....ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration)....yrs.....mos....8....ds.

(Signed)..... Frank E. Shipley M. D.

Dec 11th, 1915. (Address) Md. Gen. Hospl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Sparrow's Point, Md.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, DEC. 14 1915, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90368 C90368 C90368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lennie Lucile Evans

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 34 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... September 18, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Cambridge Md.

PARENTS.

10-NAME OF FATHER, Isaac Evans

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emily Renee Bostic

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Madeleine Stavely

(Address) Johns Hopkins Hospital

DEC 15 1915

Filed ....., 191... HARRY C. ANDREWS, City Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... December 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1 1915, to Dec 14 1915, that I saw h.. alive on December 14 1915, and that death occurred, on the date stated above, at 8:20 p.m.

The CAUSE OF DEATH* was as follows:

..... Cerebral Tumor .....

.....

.....

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary edema

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Gilbert W. Rosenthal M. D.

Dec 15, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 34 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 111 Cedar St Cambridge Md.

19-PLACE OF BURIAL OR REMOVAL, Cambridge Md — DATE OF BURIAL, Dec 17, 1915

20-UNDERTAKER ..... ADDRESS .....

important. See instructions on back of certificate.

C90369 C90369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 42 S. Stockton ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucinda Johnson

(Residence in Baltimore: No. 42 S. Stockton St., 74 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1841 (Year)

7-AGE, 74 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Tom Carroll

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ann Johnson

(Address) 42 S. Stockton St.

15-

Filed DEC 15 1916, 191.. HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 13th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Sam'l Hunter G. M. D. (Coroner)

Dec 13th, 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Dec. 16, 1916
20-UNDERTAKER Wilbert Brown	ADDRESS 306 N Mount st

C90370

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C90370

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 513 N. Parrish street, ST. 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Davis,

(Residence in Baltimore: No. 513 N. Parrish street,

St.; yrs. 1 mos. 4 ds. 7)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, July (Month) 26th (Day), 1914. (Year)

7-AGE, 1 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William H. Davis,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Maggie Brown,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Davis, mother,

(Address) 513 N. Parrish street.

15-

Filed DEC 15 1915, 191.... MARY C. ANDREWS, Registrar.

Marial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 13th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia,

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Frederick Mengel, M. D.
(Coroner)

Dec. 14, 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Dec 15 1915
20-UNDERTAKER Hilbert & Brown	ADDRESS 306 N. Mount St.

Spec.—8-24-14—M. & T.—2000 Bks.

C90371

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90371

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 W Lafayette Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Walter A Maynard

(Residence in Baltimore: No. 1718 W Lafayette Ave St.; 30 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Apr 13 (Month), 1878 (Day), (Year)

7-AGE, 37 yrs. 3 mos. + ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N J

PARENTS.

10-NAME OF FATHER, Edwin T Maynard

11-BIRTHPLACE OF FATHER (State or Country), N J

12-MAIDEN NAME OF MOTHER Ada Humphreys

13-BIRTHPLACE OF MOTHER (State or Country), N J

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Maynard

(Address) 1718 W Lafayette Ave

15-

Filed DEC 15 1915 HARRY D. ADDRESS, STATE REGISTRAR, Burial Permit Issued, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1915, to Dec 13 1915, that I saw him alive on Dec 12 1915, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about 5-6 (Duration) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hemoptysis, Exhaustion

(Duration) ... yrs. 2 mos. ... ds.

(Signed) G. Carroll Fosland M. D.

Dec 15, 1915. (Address) 11 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Dec 17 1915

20-UNDERTAKER Wm Fickus & Son ADDRESS Mount Royal

Important. See instructions on back of certificate. Every statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Blks.

C90372

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90372

CERTIFICATE OF DEATH.

105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Admin Pub. Infirmary ST.: 15 W. WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr James Edmund Carter

(Residence in Baltimore: No. 2700 Johnson Ave. St.: —yrs, —mos. —ds)

important. See instructions on back of certificate. Every statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 8, 1886 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
29 yrs. 10 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): United Railways

9-BIRTHPLACE, (State or Country), Solomons Island Md

PARENTS.

10-NAME OF FATHER, Thomas Carter

11-BIRTHPLACE OF FATHER (State or Country), Solomons Island

12-MAIDEN NAME OF MOTHER, Mary J Sellers

13-BIRTHPLACE OF MOTHER (State or Country), Solomons Island

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin T. Carter

(Address) 1122 Eutaw St N

15- Filed DEC 15 1915, 191.... HARRY O. ARTHURS, Registrar.

Burial Permit Given

(4)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1915, to Dec 14 1915, that I saw h— alive on Dec 14 1915, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

Chronic Endocarditis

(Duration) 6 Mos. yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2½ yrs. mos. ds.

(Signed) Benjamin T Carter M. D.

Dec 17, 1915. (Address) 1122 E N St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State ~~6~~ yrs. ~~4~~ mos. ~~6~~ ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2700 Johnson Ave. Baltimore

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Solomons Md	Dec 16, 1915
20-UNDERTAKER	ADDRESS
W B Edmonds Sons	Norfolk

C90373

HEALTH DEPARTMENT—CITY OF BALTIMORE

120

C90373

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2310 Riggs Avenue, St. 16 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Archibold C. Bull,

(Residence in Baltimore: No. 2636 Francis street, St. —yrs.. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Single,

6-DATE OF BIRTH, December 31st, 1870.
(Month) (Day) (Year)

7-AGE, 44 yrs. 11 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore County, Md.

PARENTS.

10-NAME OF FATHER, Nicholas H. Bull,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore County, Md.

12-MAIDEN NAME OF MOTHER, Adeline Kemp,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry E. Bull, brother,

(Address) 2636 Francis street,

15- DEC 15 1915

Filed....., 191.... HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 12th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis,

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Chronic alcoholism,

(Duration)....yrs....mos....ds.

(Signed) H. Bidrick Kempel M. D.
(Coroner)

Dec. 13, 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Dec 15, 1915

20-UNDERTAKER William Cook ADDRESS 302 E Baltimore

Spec.)—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90374 45 C903-4

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Julia Hensel

(Residence in Baltimore: No. 2871 W. Lafayette Ave St.; 59 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day), 1856 (Year)

7-AGE, 59 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Balto, Md.

PARENTS.

10-NAME OF FATHER, James Merriken

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Amanda Baughton

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James T. Hensel

(Address) 2871 W. Lafayette ave

15-

DEC 15 1915

Filed....., 191.....

HARRY O. ARDENEY, CLERK

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11/30 1915, to Dec 14 1915, that I saw h[illegible] alive on Dec 14 1915, and that death occurred, on the date stated above, at 10.15 P.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Pelvis
no operation Valvular diagnosis
unknown

(Duration) ....yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. mos. ds.

(Signed) Edward Gould M. D.

Dec 15, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 15 ds. In the State 59 yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 2871 Lafayette Ave.

19-PLACE OF BURIAL OR REMOVAL, Western Cem — DATE OF BURIAL, Dec. 17., 1915

20-UNDERTAKER Wm Cook — ADDRESS 502 E Monument

C90375

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

C90375

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3011 Grayson ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Susan Taymon (Taymon)

(Residence in Baltimore: No. 3011 Grayson St.: 66 yrs. 3 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Aug 19 (Month) (Day), 1849 (Year)

7 AGE: 66 yrs. 3 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James M. McDonal

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Sarah Cummings

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bessie Taylor

(Address) 2447 Wilkens Ave

15 Filed DEC 15 1915, 191 HARRY O. ANDRESS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December 15, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1915, to Dec 14 1915, that I saw h[illegible] alive on Dec 14, 1915, and that death occurred, on the date stated above, at 2.55 A.m.
The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Complication of Diseases

(Duration) 1 yrs. 6 mos. ds.

(Signed) J. Edmund Symmons M. D.

Dec 15, 1915 (Address) 2109 Harrison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Dec 17, 1915

20 UNDERTAKER: Robert F. Turner

ADDRESS: Broadway & Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GOOD ARK U.S.A.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C90376 Registered No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Md Hosp ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillips Parker

(Residence in Baltimore: No. 1045 W Lexington St.; yrs., 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Widower

6-DATE OF BIRTH, Unknown, 1854
(Month) (Day) (Year)

7-AGE. 61 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE. (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Joseph Parker

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Carey Parker
(Address) 174 N Amity

15. Filed DEC 15 1915 191.. ROBERT . KRAUTER, Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. F. Jeffries (Coroner.) M. D.

Dec 14, 191.. (Address) 24 W Mt Vernon Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death? Supposed Pneumonia

Former or usual residence 1045 W Lexington

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Dec 16 1915
20-UNDERTAKER	ADDRESS
John H Toadvine	11 Hill St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90377

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

C90377

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1430 E. Madison St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Howard W. Smith

(Residence in Baltimore: No. 1430 E. Madison St.: 2 yrs. mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6 DATE OF BIRTH Nov 23, 1913 (Month) (Day) (Year)

7 AGE 2 yrs. mos. 22 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Mine

9 BIRTHPLACE (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Howard Smith

11 BIRTHPLACE OF FATHER (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Annie Lowe

13 BIRTHPLACE OF MOTHER (State or country) Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard Smith

(Address) 1430 Madison St

15 DEC 15 1915 Filed ....., 191.. ROBERT KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 14, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7th Dec., 1915, to Dec. 14th 1915, that I saw him alive on Dec. 14th, 1915, and that death occurred, on the date stated above, at 4 P. m. The CAUSE OF DEATH* was as follows:

Cap. Pneumonia

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) F. A. Sauer M. D.

Dec 15th, 191 5. (Address) 937 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Dec 17, 191 5

20 UNDERTAKER J. Gross

ADDRESS 1405 McCulloh St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90378 C90378

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 N. Register ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Parker

(Residence in Baltimore: No. 434 N. Register St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, about 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman on
(b) General nature of industry, business, or establishment in which employed (or employer): barge

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Isa. Parker

(Address) 434 N. Register

15- DEC 15 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Dec 14 1915, that I saw h[illegible] alive on Dec 13 1915, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

[illegible]

Lobar Pneumonia

(Duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. C. Burns M. D.

Dec 15, 1915 (Address) 2218 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Asbury Conn DATE OF BURIAL, Dec 14 1915

20-UNDERTAKER Henry A. Vodrey ADDRESS 172 S. Orleans st.

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C90379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

102

C90379

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 501 W Lombard ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Flannery

(Residence in Baltimore: No. 501 W Lombard St.; yrs., 5 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Richard Flannery

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Slavin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Braun

(Address) 1524 W Baltimore

15- Filed DEC 15 1915 ROBERT . KRAUTHER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Perforation of stomach

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric ulcer

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

Dec 14, 1915. (Address) 24 W Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	Dec 16, 1915
20-UNDERTAKER	ADDRESS
W J Sickmer & Sons	Paca & Mott Sts

Spec.—8-24-14—M. & T.—2000 Bks.

C90380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C90380

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 Guilford ave St.; 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Hyland

(Residence in Baltimore: No. 2229 Guilford Ave St.; 57 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month), ... (Day), 1838 (Year)

7-AGE, 77 yrs. 7 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Welsh

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Welsh

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hyland

(Address) 2229 Guilford

15-

DEC 15 1915

Filed....., 191.. .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13th, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 1915, to Dec 13 1915, that I saw h.r alive on Dec 12 1915, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac arteriosclerosis

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) E O Neal M. D.

Dec 15, 1915 (Address) 4 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross	Dec 16th 1915
20-UNDERTAKER John A Moran	ADDRESS Bank & Ann St

important. See instructions on back of certificate.

C90381

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C90381

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2683 St. Benedict St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Frommfelder

(Residence in Baltimore: No. 2683 St. Benedict St.; 10 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: June 8, 1830 (Month) (Day) (Year)

7-AGE: 85 yrs. 6 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Penna

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lek. C. Frommfelder

(Address) 2683 St Benedict

15. DEC 15 1915 Registered ROBERT , KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 14 (Day), 1915 (Year)

17. I HEREBY CERTIFY. That I attended deceased from Dec 13, 1915, to Dec 14 1915, that I saw her alive on Dec 14, 1915, and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

..... (Duration) 1 yrs. 6 mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Glassman M. D.

Dec 15, 1915 (Address) 2627 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Gouldsboro Pa

DATE OF BURIAL: 12/17, 191

20-UNDERTAKER: Wm Cook

ADDRESS: 501 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90392 C90392

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S. Regester ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Amelia Cook

(Residence in Baltimore: No. 107 S. Regester St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1856 (Year)

7-AGE,	If LESS than 1 day,
59 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Conrad Rieffner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Saint Ruier

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Cook

(Address) 107 S. Regester st

15-

Filed DEC 15 1915, 191.. ROBERT P. PRAETORIUS, Registrar.

Burial Permit Office.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 14th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11th 1915, to Dec 14th 1915, that I saw h[er] alive on 13th 1915, and that death occurred, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) Jacob L. Wiesner M. D.

12-14 1915 (Address) 30 S. Bouy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem — DATE OF BURIAL, Dec 17, 191..

20-UNDERTAKER, Wm Cook — ADDRESS, 507 E Lan

Mrs Geo A. Kerling Adr

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90383

CERTIFICATE OF DEATH.

9

C90383

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Fleet ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Kommalan

(Residence in Baltimore: No. 3101 Fleet St.: 1 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) ..... (Day) 1914 (Year)

7-AGE, 1 yrs. 6 mos. ds.

If LESS than 1 day. hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, William Kommalan

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Margaret Remlein

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. W. Kommalan

(Address) 3101 Fleet St

15-

Filed DEC 15 1915, 191 ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15 (Month) 12 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Dec 15 1915, that I saw h[illegible] alive on Dec 16 1916, and that death occurred, on the date stated above, at 9 10 a m.

The CAUSE OF DEATH* was as follows:

Diphtheria & Marasmus

Diphtheria (Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) yrs. 10 mos. ds.

(Signed) C. J. Hammond M. D.

Dec 15, 1915. (Address) 436 S. Edward Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart

DATE OF BURIAL, Dec 16, 1915

20-UNDERTAKER Peter Nicolaus

ADDRESS 2042 Eastern Av

2 P. M.

important. See instructions on back of certificate.

C90384 C90384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Emerson Tower Building St. Eutaw & Lombard Sts (WARD) 79 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME Frank J. Hilbert

(Residence in Baltimore: No. Hanover Howard County Md St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Sept 2nd, 1850 (Month) (Day) (Year)

7-AGE. 65 yrs. 3 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. General Utility Man
(b) General nature of industry, business, or establishment in which employed (or employer). Emerson Bldg Co.

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Hilbert

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Hilbert

(Address) Hanover Howard County

15- Filed DEC 15 1915 ROBERT . KRAUTER, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 15th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dil

Fibroid Phthisis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Org: Heart disease

(Duration) yrs. mos. ds.

(Signed) D. E. Peters M. D.
(Coroner)
Dec 15 1915 (Address) 342 W. Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery DATE OF BURIAL. Dec 18th 1915

20-UNDERTAKER. Mr & Mrs John H Deufel ADDRESS 801 W. Pratt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 45

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Riehl

(Residence in Baltimore: No. Johns Hopkins Hospital; ...yrs.. 3 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Sing

6-DATE OF BIRTH, November 6, 1853 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
62 yrs. ... mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Kentucky

PARENTS.

10-NAME OF FATHER, Chas. H. Riehl

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Carrie Sudwig

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Riehl

(Address) Johns Hopkins Hosp.

15- Filed DEC 16 1915, 191.. ROBERT KRAUTER Burial Permit Clerk / Registrar.

important. See instructions on back of certificate.

HARRY O. ARGABRIGHT
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 15, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 5 1915 to Dec. 15 1915, that I saw h[illegible] alive on Dec. 15 1915, and that death occurred, on the date stated above, at 6.10 p m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Pulmonary Oedema

Cancer of Stomach 11 ds.

CONTRIBUTORY (Secondary) Carcinoma Prostate

(Duration) ...yrs. 9 mos. ...ds.

(Signed) William Frontz M. D.

Dec 15, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 3 mos. 10 ds. In the State ...yrs. 3 mos. 10 ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 528 Kentucky Ave. Pt Edward

19-PLACE OF BURIAL, OR REMOVAL, Lonsdale Ry — DATE OF BURIAL, Dec. 16, 191..

20-UNDERTAKER Albert E Fuller — ADDRESS 222 N Bond

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90386 C90386

CERTIFICATE OF DEATH.

37

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 George ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Robinson

(Residence in Baltimore: No. 706 E Geo. St.; ....yrs.,....mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. (Month) 20 (Day), 1915 (Year)

7-AGE, ...yrs. 2 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: e
(b) General nature of industry, business, or establishment in which employed (or employer): e

9-BIRTHPLACE, (State or Country). Balt. Md

PARENTS.

10-NAME OF FATHER, Raymond Robinson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond Robinson

(Address) 706 Geo. St.

15- DEC 16 1915 Filed....., 191.. SARAH T. ANDREWS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 13 1915, to Dec 14 1915, that I saw h[illegible] alive on Dec 14 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ....yrs. 2 mos. 25 ds.

CONTRIBUTORY (Secondary) Hemorrhage of Bowels

(Duration) ....yrs. 2 mos. 1 ds.

(Signed) Jos. F. Stiefel M. D.

Dec. 15, 1915. (Address) 206 N. Milton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Dec. 16, 1915
20-UNDERTAKER Walter Owens	ADDRESS 318 Smyrth Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C90387

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 E. Baltimore ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertie Pollock

(Residence in Baltimore: No. 1110 E. Balto St. St.; 18 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, December, 15, 1859 (Month) (Day) (Year)

7-AGE: 55 yrs. — mos. — ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER, Lait Pollock

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Bessie Sussmoky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

1915 57 (Address) 1419 E. Balto St

15- 5 5

Filed DEC 16 1915 191 HARRY O. ANDREWS, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December, 15, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 14 1915, to Dec. 15 1915, that I saw h[illegible] alive on Dec. 15 1915, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart Mitral Insufficiency

? (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) Arnold D. Gracia M. D.

Dec. 16, 1915. (Address) 112 E. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel | DATE OF BURIAL, 12/16 1915.

20-UNDERTAKER Jack Lewis | ADDRESS 1419 E Balto St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. St., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Rich

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs. 1 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. (Month) 29 (Day), 1915 (Year)

7-AGE, yrs. 1 mos. 13 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1701 Division St

15-

Filed DEC 16 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 8 1915, to Dec. 12 1915, that I saw him alive on Dec. 12 1915, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 1 mos. ds.

(Signed) Calvin O'Donovan M. D.

Dec. 13..., 1915. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 13 ds. | In the State yrs. 1 mos. 13 ds.

Where was disease contracted if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral	Dec. 16., 191.5

20-UNDERTAKER M. Fahey & Son | ADDRESS 662 Fayette

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C90389

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Sharp

(Residence in Baltimore: No. 515 N. Caroline Street St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, October (Month) 8 (Day), 1850 (Year)

7-AGE, 65 yrs. 1 mos. 5 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bag factory
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N.C.

PARENTS.

10-NAME OF FATHER, Simon Sharp

11-BIRTHPLACE OF FATHER (State or Country), N.C

12-MAIDEN NAME OF MOTHER Annie Simpson

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Madelyne Hardy

(Address) Johns Hopkins Hospital

15-

Filed DEC 16 1915 HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1915, to Dec 13 1915, that I saw him alive on December 13 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach with metastases to liver

Contributory Pneumonia

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. H. Bridgman M. D.

Dec 13, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 28 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 515 N Caroline St

Former or usual residence 515 N. Caroline St

19-PLACE OF BURIAL OR REMOVAL, ~~Mt Auburn~~ Loudon Park DATE OF BURIAL, Dec 16, 1915

20-UNDERTAKER Samuel Kemsley ADDRESS 5 E Biddle

Important. See instructions on back of certificate.

C90390 C90390

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No 105 N Schroeder ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Allen

(Residence in Baltimore: No. 105 N. Schroeder St.; 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: ~~Female~~

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

7-AGE: 33 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Emanuel Stafford

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Allen

(Address) 105 N Schroeder

15- Filed DEC 16 1915 191

MARY O ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 13 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1915, to, Dec 13 1915 that I saw h er alive on Dec 11 1915, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs 6 mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) H. S. M Card M. D.

12/13, 1915. [Address] 2005 Madison Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Dec. 17 1915

20-UNDERTAKER: Samuel J. Hemsley

ADDRESS: 578 Biddle st

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90391

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH 91

C90391

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1003 Jefferson Alley ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Smith

(Residence in Baltimore: No. 1003 Jefferson Alley St.; 2 yrs. 3 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	Colored	Child

6-DATE OF BIRTH: Dec. (Month) 1 (Day), 1913 (Year)

7-AGE: 2 yrs. 3 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Archie Smith

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md

12-MAIDEN NAME OF MOTHER: Mary Tenley

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam'l T. Hamley

(Address) 575 W Fayette St

15- Filed DEC 16 1915 HARRY O ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 15 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1915, to, Dec. 15 1915, that I saw her alive on Dec 15 1915, and that death occurred, on the date stated above, at 6a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (SECONDARY): Tonsilitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. L. Battaglia M. D.

Dec 15, 1915 [Address] 817 Hamilton Terrace

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Dec. 16, 1915

20-UNDERTAKER: Samuel T. Hemley — ADDRESS: 578 Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 127 C90392

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Graham

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., ...mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, or ~~DIVORCED~~. (Write the word.) Married

6-DATE OF BIRTH, Aug 4th 1843, 1 (Month) (Day) (Year)

7-AGE, 72 yrs. 4 mos. 11 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Pennsylvania

PARENTS.

10-NAME OF FATHER, George Graham

11-BIRTHPLACE OF FATHER (State or Country) Cumberland Co Pa.

12-MAIDEN NAME OF MOTHER Alter.

13-BIRTHPLACE OF MOTHER (State or Country) Cumberland Co Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W M Frontz.

(Address) Johns Hopkins Hospital

15- Filed DEC 16 1915, 191.... Registrar. HARRY O ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15 15 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1915, to Dec 15 1915, that I saw h[im] alive on Dec 15, 1915, and that death occurred, on the date stated above, at 10.25 P.M.

The CAUSE OF DEATH* was as follows:

Artificial Anus - (Staphylococcus aureus)
Gangrene of Colon
(Duration) ....yrs. ....mos. 6 ds.
CONTRIBUTORY (Secondary) Double Epididymitis Pyelitis Nephritis
(Duration) ....yrs. ....mos. 21 ds.

(Signed) William Frontz M. D.
12/15/15, 191... (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 17 ds. In the State ....yrs. ....mos. 19 ds.

Where was disease contracted, if not at place of death? Pennsylvania

Former or usual residence Newville, Pa

19-PLACE OF BURIAL OR REMOVAL, Newville Pa — DATE OF BURIAL, Dec 16.., 1915

20-UNDERTAKER Harry W. Arkinstall & Sons. Co — Wilkinson & Orchard Sts.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C90323 C90323

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (NO. ..... ST.; 4 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Hagan

(Residence in Baltimore: No. University Hospital St.; ..... yrs. ..... mos. 9 da.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... 1842 (Year)

7-AGE, 73 yrs. — mos. — da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at home

9-BIRTHPLACE, (State or Country) Clarksville Howard Co Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) Odenton - Md

15- DEC 16 1915 Filed ....., 191.... HARRY O. ANDREWS, VITAL STATISTICS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/6 1915, to 12/15 1915, that I saw her alive on 12/14 1915, and that death occurred, on the date stated above, at 9.35 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) one year

CONTRIBUTORY (Secondary) Nephritis (Chronic)

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) W. H. Welch M. D.

12/16, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? —

Former or usual residence Odenton - Md -

19-PLACE OF BURIAL OR REMOVAL, Savage M. E. Cem — DATE OF BURIAL, Dec. 17..., 1915

20-UNDERTAKER Robert Brokerson — ADDRESS Calhoun St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90394 C90394

CERTIFICATE OF DEATH.

1 92

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2741 Greenmount Ave St. 29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Gumby.

(Residence in Baltimore: No. 2741 Greenmount Ave St.; 65 yrs., 4 mos. — ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug ?, 1847
(Month) (Day) (Year)

7-AGE, 68 yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Life Insurance
(b) General nature of industry, business, or establishment in which employed (or employer): agent

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Capt. F. A. Gumby.

11-BIRTHPLACE OF FATHER (State or Country) Balto Md.

12-MAIDEN NAME OF MOTHER. Eleanor Frazer

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Estelle Gumby.

(Address) 2741 Greenmount Ave.

15- DEC 16 1915 Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 12d 1915, to Dec. 15d 1915, that I saw him alive on Dec. 14d 1915, and that death occurred, on the date stated above, at 5. a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion Syncope

(Duration) yrs. mos. 1 ds.

(Signed) William J. Pillsbury M. D.

Dec. 15, 1915 (Address) 2801 York Road.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Cem. DATE OF BURIAL, Dec 17, 1915

20-UNDERTAKER Wm Cook. ADDRESS 502 E Fourth

Spec.—8-24-14—M. & T.—2000 Bks.

C90393

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90393

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 E Chase. ST.; 8 WARD) REGISTERED NO. C _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Imary E Hornberger

(Residence in Baltimore: No. 2221 E Chase St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH: Sept 25, 1843 (Month) (Day) (Year) 1843

7-AGE. 72 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Walstrum

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Elizabeth Day.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Hornberger

(Address) 2221 E. Chase

15 DEC 16 1915 HARRY O. ANDREWS,

Filed....., 191... Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 15, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1915, to Dec. 15, 1915, that I saw her alive on Dec. 14, 1915, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) —yrs.—mos.7ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs.....mos.....ds.

(Signed) Edwin B. Fenby, M. D.

Dec. 16, 1915. (Address) 1223 N. Caroline st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Oakland Cem	Dec 18, 191..

20-UNDERTAKER	ADDRESS
Wm Cook	502 E Madison

Spec.—8-24-14—M. & T.—2000 Blm.

C90396

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90396

CERTIFICATE OF DEATH.

71

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N. Montford Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry K. Francis

(Residence in Baltimore: No. 819 N. Montford Ave St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Dec 13th, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Harry Francis

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catherine E Hunt

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Francis

(Address) 819 N. Montford

15-

Filed DEC 16 1915 HARRY J. ANDREWS Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 13 1915, to December 15 1915, that I saw h m alive on December 15 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Circumstances

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Amelia E. Lantz M. D.

Dec 16 1915. (Address) 1717 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem DATE OF BURIAL, Dec 16, 1915

20-UNDERTAKER Emil H. Herwig ADDRESS 2012 Orleans

important. See instructions on back of certificate.

C90397

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C90397

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 644 N. Fulton Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Anne Talbot

(Residence in Baltimore: No. 644 N. Fulton Ave, St.; 5 yrs. X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH August 1 (Month) (Day), 1829 (Year)

7-AGE 86 yrs 4 mos 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE (State or country) Calvert Co Md

PARENTS

10-NAME OF FATHER Benjamin Harrison

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Miranda Tisdale

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Stickmall

(Address) 644 N. Fulton Ave.

15-

Filed ..... 191 .....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

DEC 16 1915

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH December 15, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2, 1915, to, Dec 15 1915, that I saw her alive on Dec 15 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs mos 14 ds.

Contributory (SECONDARY) Pulmonary edema

(Duration) yrs X mos 1 ds.

(Signed), J Edw Talbot M. D.

Dec 15, 1915. [Address] 1353 W. Northan

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Emanuel M.E. Cem. | DATE OF BURIAL Dec 17 1915

20-UNDERTAKER Calvert Co Undertaking Co | ADDRESS 502 E Main

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90398 C90398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 N. Gay St.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Russo

(Residence in Baltimore: No. 1020 N. Gay St.; ....yrs., ...mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 3 (Day) 15 (Year)

7-AGE, ...yrs. ....mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Frank Russo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rose Papala

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Rose Papala Russo

(Address)... 1020 N. Gay St

15-

Filed DEC 16 1915 191.... MARK O. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1915, to Dec 16 1915, that I saw h m alive on Dec 15 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Premature birth 7 months

(Duration) ....yrs. ....mos. 1 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 0 yrs. ....mos. 2 ds.

(Signed) A. J. [illegible] M. D.

Dec 16, 1915 (Address) 1038 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Dec. 16, 1915

20-UNDERTAKER Lilly & Zeile ADDRESS 403 S Wolfe

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 108 E. Washington St. W. WARD) Registered No. C 79

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Marx (Marx)

(Residence in Baltimore: No. 108 E. Washington St.; yrs. 50 — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. Not known, 1— (Month) (Day) (Year)

7-AGE. about 65 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Sewing
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Loretta White

(Address) 108 E. Washington St

15- DEC 16 1915

16- HARRY O. ARDREY, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 15, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) D. W. Young M. D. (Coroner)

RESIDENT (Address) 116 Orleans St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Dec. 17. 1915
20-UNDERTAKER Lilly & Zile	ADDRESS 403 S. Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90400

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90400

6

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth Home ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Washington

(Residence in Baltimore: No. St. Paul St. St.; yrs. 17 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: July (Month) 2 (Day) 1914 (Year)

7-AGE: 1 yrs. 5 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country)

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or country)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

DEC 16 1915
Filed ....., 191
HARRY D. ANDREWS, Registrar
Trial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 13 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1915, to, Dec 13 1915, that I saw h[illegible] alive on Dec 13 1915, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

German Measles

(Duration) yrs mos 3 ds.

Contributory (SECONDARY) Broncho Pneumonia

(Duration) yrs mos 2 ds.

(Signed) Edgar P. Friedenwald M. D.

Dec 14, 1915 [Address] 1610 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. 5 mos 6 ds. In the State yrs 17 mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL.

DATE OF BURIAL: DEC 14 1915 191

20-UNDERTAKER: Commissioner Health.

ADDRESS: Enroute

FOR ANATOMICAL PURPOSES

6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3/
243
C90401

Size—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C90401

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S Carey ST.; 18 WARD)

2-FULL NAME Bernadine Regler (Regler)

(Residence in Baltimore: No. 109 S Carey St.: 62 yrs. 9 mos. 25 da.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June 17, 1853
(Month) (Day) (Year)

7-AGE, 62 yrs. 9 mos. 25 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: H Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W. Balto

PARENTS.

10-NAME OF FATHER, Henry Kiser

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Mary Suter

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John D. Regler

(Address) 109 S. Carey St.

15- DEC 16 1915 HARRY O ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Dec 14 1915, that I saw h- alive on Dec 14 1915, and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
Operation 1 Hour before
death (Duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Senile Intoxication

(Duration) yrs. mos. 7 da.

(Signed) E Woodsbam M. D.

Dec 16/15 191... (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Dec 17, 1915

20-UNDERTAKER John F. Fields ADDRESS 1001 W. Lombard St

important. See instructions on back of certificate.

C90402

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90402

CERTIFICATE OF DEATH

130

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 704 N Arlington Ave St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Jane Markland Muller

(Residence in Baltimore: No. 704 N. Arlington Ave St. Lifetime yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH Jan. (Month) 2 (Day) 1858 (Year)

7 AGE 57 yrs. 11 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Baltimore

PARENTS

10 NAME OF FATHER Andrew J Bartholow

11 BIRTHPLACE OF FATHER (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Sarah Phelps

13 BIRTHPLACE OF MOTHER (State or country) Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. Leslie Muller

(Address) 2533 W. Fairmount Ave

15. Filed DEC 16 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. (Month) 15 (Day) , 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1915 to Dec. 15 1915, that I saw h[er] alive on Dec. 15, 1915 and that death occurred, on the date stated above, at 10-40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema

30 minutes.
(Duration) yrs. mos. ds

Contributory (SECONDARY) Chronic Bright's Disease

(Duration) 7 yrs. mos. ds.

(Signed) J. E. McCarty M. D.

Dec 16, 1915 (Address) 534 W Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Lorraine Cemetery — DATE OF BURIAL 12 18, 1915

20 UNDERTAKER H C Browning Sons — ADDRESS 5711 N. Schroeder St

C90403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x132

C90403

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Univ Md Hosp ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Broadnax

(Residence in Baltimore: No. Pasadena Md St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 23 (Day) 1869 (Year)

7-AGE, 46 yrs. 5 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James H Rowan

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Martha Green

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Garland Blodsworth

(Address) 530 N Bright

15- DEC 16 1915 Filed, 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Malignant

(Duration) ....yrs. ....mos. ....ds.

(Signed) J C Jeffers M. D.

Dec 14, 1915 (Coroner) (Address) 1 W Mt Vernon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ....ds. In the State 16 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Pasadena Md

Former or usual residence Pasadena Md

19-PLACE OF BURIAL OR REMOVAL, Mt Vernon Somerset Co Md DATE OF BURIAL, Dec 16, 1915

20-UNDERTAKER J R Cook ADDRESS 1003 N Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 41 C90404

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Park ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederic Wright

(Residence in Baltimore: No. University Hospital St.; ....yrs., 1 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). U.S.

PARENTS.

10-NAME OF FATHER, Aaron Wright

11-BIRTHPLACE OF FATHER (State or Country). Pa

12-MAIDEN NAME OF MOTHER Mary Willetts

13-BIRTHPLACE OF MOTHER (State or Country). U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederic Willetts Wright

(Address) Cockeysville Md

15- Filed DEC 16 1915, HARRY O ANDREWS, for Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 18 1915, to Dec 15 1915, that I saw him alive on Dec 15 1915, and that death occurred, on the date stated above, at 7.20 p.m.

The CAUSE OF DEATH* was as follows:

.....

Chronic Myocarditis

..... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Carcinoma Descending Colon ? Abscess (Duration) ....yrs. unknown mos. ....ds.

(Signed) W. Houston Thelson M. D.

Dec 15, 1915. (Address) University Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. ....ds. In the State unknown yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Cockeysville Md

19-PLACE OF BURIAL OR REMOVAL, Cockeysville Md — DATE OF BURIAL, Dec 18, 1915

20-UNDERTAKER Jos R Cook — ADDRESS 1003 Madison

important. See instructions on back of certificate.

Spec.—5-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D C90405 — 92 C90405

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 W Barney ST.; 73 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wingate T Parks

(Residence in Baltimore: No. 18 W Barney St.; 65 yrs., ... mos. ..... ds.)

important. See instructions on back of certificate. ... very ... PROFESSION or OCCUPATION is ...

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... Mar ..... (Month) ..... (Day), 1850 (Year)

7-AGE,	If LESS than 1 day,
80 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Brick Moulder

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Harry Hoffman

(Address) 18 W Barney St.

15- Filed DEC 16 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1915, to Dec 15 1915, that I saw h... alive on Dec 14 1915, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) .....yrs. .....mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

..... (Duration) .....yrs. .....mos. 2 ds.

(Signed) R. E. Campbell M. D.

Dec 15, 191 5 (Address) 1649 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Dolly Rose	Dec 17, 191 5
20-UNDERTAKER	ADDRESS
Wm. Fuhrer & Sons	9 E Pratt St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90406 C90406

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 Reisterstown Road ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura H Stump

(Residence in Baltimore: No. 2326 Reisterstown Road St.; 15 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, Aug (Month) 10 (Day), 1848 (Year)

7-AGE, 67 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hazel Schumacher

(Address) 2326 Reisterstown Road

15- Filed DEC 16 1915, 191.. ROBERT · KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 13th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 2 191 5, to Dec 13 191 5, that I saw h er alive on Dec 13 191 5, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 2 mos. ds.

(Signed) W M Pearce M. D.

Dec 16, 191 5 (Address) 1 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Dec 16 1915

20-UNDERTAKER W M Moulton — ADDRESS 230 N Eutaw

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90407 — 104 C90407

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roger T Gill

(Residence in Baltimore: No. Homewood Apts City St.; 50 yrs., 4 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 30 (Day), 1865 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. 4 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, N. Rufus Gill

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co.

12-MAIDEN NAME OF MOTHER Elonar C Gill

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Calvert B. Gill

(Address) 712 Park Ave

15- Filed DEC 16 1915 19[illegible] ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1915, to Dec 15 1915, that I saw him alive on Dec 15 1915, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Post Operation Obstruction (intestinal)

(Duration) yrs. 1 mos. 12 ds.

(Signed) Maynard P. Starr M. D.

Dec. 15, 1915. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At place of death

Former or usual residence Homewood Apts. City

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Dec. 18, 1915

20-UNDERTAKER George Schilling & Sons — ADDRESS 126 E Monument

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90403

CERTIFICATE OF DEATH.

92 C90403

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 Bolton ST.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Prime

(Residence in Baltimore: No. 2121 Bolton St.; 50 yrs., mos. ds.)

important. See instructions on back of certificate. Every Question must be answered. Name of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March 17th, 1841.
(Month) (Day) (Year)

7-AGE, 74 yrs. 8 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bladensburg Md

PARENTS.

10-NAME OF FATHER, Andrew Lowe

11-BIRTHPLACE OF FATHER (State or Country), Prince George Co Md

12-MAIDEN NAME OF MOTHER, Caroline LeHardie

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H Bonsall

(Address) 2121 Bolton St

15- Filed DEC. 16. 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1915, to Dec 14 1915, that I saw h[er] alive on Dec 14 1915, and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 0 yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry Adler M. D.

DEC. 15., 1915 (Address) 1718 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Green mount Cemetery	Dec. 17, 1915
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument St

C90409

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C90409

1 PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE: (No. Maryland Penitentiary St.: 10 Ward)

2-FULL NAME Daniel G. Brooks

(Residence in Baltimore: No. 3207 East Pratt St.; Unknown yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: March (Month) 28 (Day) 1873 (Year)

7-AGE: 42 yrs. 8 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Hostler
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Buffalo, N. Y.

PARENTS

10 NAME OF FATHER: Alfred Toft.

11-BIRTHPLACE OF FATHER (State or country): Illinois

12-MAIDEN NAME OF MOTHER: Sarah O'Day

13-BIRTHPLACE OF MOTHER (State or country): Illinois

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. F. Schwarz

(Address) Maryland Penitentiary

15- Filed DEC 16 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 20, 1914, to, December 16, 1915, that I saw him alive on December 15, 1915, and that death occurred, on the date stated above, at 6 A. m.
The CAUSE OF DEATH* was as follows:

Toxemia and Exhaustion

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. 26 ds.

(Signed) William F. Schwarz M. D.

December 16, 1915 [Address] Maryland Penitentiary

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 1 yrs. mos. 26 ds. In the State Unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? Was admitted here with the disease.

Former or usual residence: 3207 East Pratt St.

19-PLACE OF BURIAL OR REMOVAL: Sacred Heart — DATE OF BURIAL: 12/17/1915

20-UNDERTAKER: Chas. L. Cowan & Son — ADDRESS: Store Royal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 Dec 1915 C90410

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 837 Clowey ST. 18 WARD)
Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Rutledge
(Residence in Baltimore: No. 837 Clowey St 44 yrs., 11 mos. 14 da.)

CAUSE OF DEATH: In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 1, 1874
(Month) (Day) (Year)

7-AGE, 41 yrs. 11 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER, Albert Rutledge
11-BIRTHPLACE OF FATHER (State or Country), Maryland
12-MAIDEN NAME OF MOTHER Josephine Jackson
13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rosie Rutledge
(Address) 837 Clowey St

15-DEC 16 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, an inquest and that said deceased came to h.... death on the day stated above.
The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ... yrs. ... mos. 1 ds.
CONTRIBUTORY (Secondary) Chr Nephritis
(Duration) ... yrs. ... mos. ... ds.

(Signed) J. T. Heffern M. D.
Dec 16 1915 (Date) (Address-) 242 N Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs.....mos.....ds. In the State....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Western Cemetery
DATE OF BURIAL, Dec 18, 1915.

20-UNDERTAKER, John Howard Son
ADDRESS, 901 Hollins St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90411 C90411

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 922 McCulloh (St.) 11 (Ward) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Catherine Flynn Bolden

(Residence in Baltimore: No.) 922 McCulloh St. 48 yrs., mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widowed.

6-DATE OF BIRTH. Not Known (Month) (Day), 1835 (Year)

7-AGE. 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), County Mayo, Ireland.

PARENTS.

10-NAME OF FATHER, Patrick Flynn.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER L. Armstrong.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Myers & Mrs. John Barnes.

(Address) 922 N. McCulloh St.

15- Filed DEC 16 1915 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1913, to Dec 15 1915, that I saw h[illegible] alive on Dec 14 1915, and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (Bilateral)

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. ds.

(Signed) Mary A. Armstrong M. D.

Dec 15, 1915 (Address) 1807 McCulloh St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery. DATE OF BURIAL. DEC 17, 1915.

20-UNDERTAKER Henry H. Jenkins Sons Co. ADDRESS 1440 McCulloh & Orchard Sts.

important. See instructions on back of certificate.

5

C90412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57?

C90412

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2642 Bernard St; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leslie E. Shaw

(Residence in Baltimore: No. 2642 Bernard St; St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May ....., 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Repairer
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

9-BIRTHPLACE, (State or Country), Mass.

PARENTS.

10-NAME OF FATHER, L. A. Shaw

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Shaw

(Address) 2642 Burnard St.

15- Filed DEC 16 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Probably Lead -

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Hyer M. D.
(Coroner)

Dec 14, 1915. (Address) 3649 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden DATE OF BURIAL, Dec 17 1915

20-UNDERTAKER, Horace Burgerson ADDRESS 363 Hall Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C90413

CERTIFICATE OF DEATH.

28 C90413

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Myrtle Ave ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Stewart

(Residence in Baltimore: No. 307 Myrtle Ave. St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 5 (Day), 1897 (Year)

7-AGE, 18 yrs. 11 mos. 9 da.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter in
(b) General nature of industry, business, or establishment in which employed (or employer): Liquor store

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John Stewart

11-BIRTHPLACE OF FATHER (State or Country), London Co. Va

12-MAIDEN NAME OF MOTHER Annie Going

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Stewart

(Address) 307 Myrtle ave

15- Filed DEC 16 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 23- 1915-, to Dec. 14 1915-, that I saw him alive on Nov. 23 - 1915-, and that death occurred, on the date stated above, at 2-P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

About
(Duration) One yrs. ....mos. ....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) Chas. L. McCarthy M. D.

Dec. 15-, 1915- (Address) 906 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sawel Cemetery — DATE OF BURIAL, Dec. 17, 1915

20-UNDERTAKER Charles B. Jones — ADDRESS 1118 W. Saratoga

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90414 C90414

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Missouri Moore

(Residence in Baltimore: No. 413 Myrtle Ave St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November 25, 1876
(Month) (Day) (Year)

7-AGE, 39 yrs. — mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Kentucky

PARENTS.

10-NAME OF FATHER, Louis Kemp.

11-BIRTHPLACE OF FATHER (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER Maria Cook

13-BIRTHPLACE OF MOTHER (State or Country), Kentucky

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Madeleine Handy

(Address) Johns Hopkins Hospital

15-

Filed DEC 16 1915 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 16, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 6 1915, to December 16 1915, that I saw her alive on December 16 1915, and that death occurred, on the date stated above, at 8.32 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis Dropsy & Uremia

..... (Duration) 2 yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Lungs

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Arthur Bloomfield M. D.

Dec 16, 1915 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 413 Myrtle Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Dec 17, 1915
20-UNDERTAKER Charles B. Jones	ADDRESS 1118 N Gay

important. See instructions on back of certificate.

C90415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

61 C90415

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Minnie Maggin

(Residence in Baltimore: No. 110 N. Exeter St.: 4 yrs. 6 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Child

6 DATE OF BIRTH: June — (Month) (Day), 1911 (Year)

7 AGE: 4 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Isaac Maggin

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rebecca Golden

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Levis

(Address) 1419 E Balto

15 Filed DEC 16 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 16 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1915, to Dec. 16 1915, that I saw h[illegible] alive on Dec. 16, 1915, and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH* was as follows:

Epidemic Cerebrospinal Meningitis

(Duration) yrs. mos. 21 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. B. Levin M. D.

12/16, 1915 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. 17 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? at Home
Former or usual residence 110 N. Exeter. Baltimore

19 PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel. DATE OF BURIAL: Dec. 17, 1915

20 UNDERTAKER: Jack Levis ADDRESS: 1419 E. Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90416

CERTIFICATE OF DEATH.

40 C90416

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2725 Hudson st. ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franciszka Jurczynska

(Residence in Baltimore: No. 2726 Hudson St. St.: ..... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, ~~Male~~ Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, March 1 (Month) 1 (Day), 1853 (Year)

7-AGE, 62 yrs. 9 mos. 14 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Antkowiak

(Address) 2725 Hudson St.

15- Filed DEC 16 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 4th 1915, to December 11th 1915, that I saw her alive on December 11th 1915, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver

Clinical Diagnosis

(Duration) 3 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Elevation

(Duration) yrs. 2 8 ds.

(Signed) Leon S. Storka M. D.

Dec 15, 1915. (Address) 2633 Fait Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Stanislaus Cem

DATE OF BURIAL, Dec 17, 1915

20-UNDERTAKER Stephen D. Fiatkowski

ADDRESS 1019 S. Kenwood ave

important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

090417 — 189 — 090417

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1213 N Eden) ST. 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME W. Herbert Davis

(Residence in Baltimore: No. 1213 N Eden) 10 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Aug (Month) 18th (Day), 1875 (Year)

7-AGE, 40 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tobacco Stemmer
(b) General nature of industry, business, or establishment in which employed (or employer): Self employed

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo W Davis

11-BIRTHPLACE OF FATHER (State or Country), Nebraska

12-MAIDEN NAME OF MOTHER Emma Wiggin

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Russell

(Address) Pennsylvania Ave Md.

15-

Filed DEC 16 1915, 191.... ROBERT J. KRAUTER, Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 16th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage Cause ?

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Edward Russell M. D. (Coroner.)

Dec 16, 1915. (Address) 116 E Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Cockeysville Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Pennsylvania Md	12/16/15, 1915

20-UNDERTAKER W J Tschiegg North Ave

ADDRESS

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90418 — 92 C90418

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1330 Hollins St.: 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas F. Kelly

(Residence in Baltimore: No. 1330 Hollins St. St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widower

6-DATE OF BIRTH: 3 (Month) 15 (Day), 1846 (Year)

7-AGE: 69 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Co Md

PARENTS

10-NAME OF FATHER: Wm F. Kelly

11-BIRTHPLACE OF FATHER (State or country): Balto Co Md

12-MAIDEN NAME OF MOTHER: Mary A Whelan

13-BIRTHPLACE OF MOTHER (State or country): Balto Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Stanley Lawson

(Address) 1231 Hollins St.

15. Filed DEC 16 1915, 19.. ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 15 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1915, to Dec 15 1915, that I saw him alive on Dec 15, 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Acute Lobar

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Acute Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C Curtis Smith M. D.

Dec 16, 1915 (Address) 817 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: 17 Dec, 1915

20-UNDERTAKER: Robert Brookes — ADDRESS: Calhoun

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90419 — 154 — C90419

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Ann ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Bloom

(Residence in Baltimore: No. 115 S. Ann St.; 70 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 73 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Abraham Berlin

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Rachel Berlin

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Pierce

(Address) 115 S. Ann St

15- Filed DEC 16 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 8 1915, to Dec 16 1915, that I saw h[illegible] alive on Dec 10 1915, and that death occurred, on the date stated above, at 6 P.m.

The CAUSE OF DEATH* was as follows:

Senile Dementia

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) 1 yrs. mos. ds.

(Signed) Geo. Heller M. D.

12.16, 1915 (Address) 1937 Gough

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 115 S. Ann st

Former or usual residence 115 S Ann st.

19-PLACE OF BURIAL OR REMOVAL: Hebrew Fineing Ann — DATE OF BURIAL, 12.17., 1915

20-UNDERTAKER: S. Levinson & Bro. — ADDRESS 1107 E Balto. St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90420

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90420

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. St.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hare

(Residence in Baltimore: No. 1722 Union Ave St.; 6 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 24 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Architect
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John McC. Hare

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Seitz

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John McC. Hare

(Address) Forest Md

15- Filed DEC 16 1915 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 16 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 13 1915, to Dec 16 1915, that I saw h[illegible] alive on Dec 16 1915, and that death occurred, on the date stated above, at 10½ a m.

The CAUSE OF DEATH* was as follows:

Ruptured Gangrenous Appendix with Gen. Peritonitis (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis (Duration) ..... yrs. unknown mos. ..... ds.

(Signed) E. W. [illegible] M. D.

Dec 16, 1915. (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State 24 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1722 Union Ave

Former or usual residence 1722 Union Ave

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Forest Balto Co	Dec 19, 1915
20-UNDERTAKER E. LeRoy Stifflen	ADDRESS 844 N 3[illegible] St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90421 C90421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1728 E. Eager ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Taylor

(Residence in Baltimore: No. 1728 E. Eager St.; 83 yrs., 9 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 7, 1832
(Month) (Day) (Year)

7-AGE, 83 yrs. 9 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Taylor

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Osterwald

13-BIRTHPLACE OF MOTHER (State or Country), Holland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Edwards

(Address) 1728 E. Eager St

15- Filed DEC 17 1915, 191... HARRY D. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 16, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12th 1915, to Dec 16th 1915, that I saw h alive on Dec 15th 1915, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Diffuse Bronchitis

(Duration) ....yrs. .... mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Dec. 16th, 1915 (Address) 1501 Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Dec 17., 191.5

20-UNDERTAKER Fickler & Birkler ADDRESS 1139 E. Eager

Should any of the above items be unknown, it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90422

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90422

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 932 Argyle Ave St.; 87 WARD) REGISTERED NO. C 19

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester McClain

(Residence in Baltimore: No. 932 Argyle Ave St.; 17 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 1, 1814 (Month) (Day) (Year)

7-AGE, 71 yrs. 7 mos. 13 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), A A Co Md

PARENTS.

10-NAME OF FATHER, John McClain

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Priscilla Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Louisa Holland
(Address) 932 Argyle Ave

15-Filed DEC 17 1915, 191.. Harry O. Anderson, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 14th, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 24 1915, to Dec 14 1915, that I saw h— alive on Dec 14 1915, and that death occurred, on the date stated above, at 12 30 p.m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 2 mos. ds.

(Signed) J F Norwood M. D.

Dec 14 1915. (Address) 932 Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, [illegible] Cemetery | DATE OF BURIAL, Dec. 17, 1915.

20-UNDERTAKER George H. J. Holland | ADDRESS 517 Robert St.

Please write plainly, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

090423 090423

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 Otterbein St. 21 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Robinson

(Residence in Baltimore: No. 331 Otterbein St.; 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE Black

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH November 15 1855
(Month) (Day) (Year)

7-AGE 60 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Chestertown, Md.

PARENTS

10-NAME OF FATHER Adam. Anderson.

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Matilda. Anderson.

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Watts. Robinson.

(Address) 331 Otterbein St.

15- DEC 17 1915 Registered, 191.. Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec. 15, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1915, to Dec. 15 1915, that I saw h.. alive on Dec. 15 1915, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute cardiac Dilatation

(Duration) yrs mos. Two hours ds.

Contributory (SECONDARY) Chronic Valvular Heart Disease

(Duration) 5 yrs mos. ds.

(Signed) John A. Wiedenstry M. D.

Dec 15 1915 [Address] 629 Columbia Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 331 Otterbein St.

19-PLACE OF BURIAL OR REMOVAL Mt. Zion Cemetery — DATE OF BURIAL Dec. 17, 1915.

20-UNDERTAKER Robt. A. Elliott. — ADDRESS 506 East St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90424

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

REGISTERED NO. C 90424

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 402 S. Chapel St. 2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Levinski

(Residence in Baltimore: No. 414 S. Chapel st St.; 1 yrs. 11 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June 1, 1914 (Month) (Day) (Year)

7-AGE: 1 yrs. 11 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Louis Levinski

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Victoria Dockus

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Levinski

(Address) 404 S Chapel St

DEC 17 1915 HARRY O ANDREWS, Burial Permit Clerk.

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 14, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 191., to, Dec 14 191., that I saw h alive on Dec 14, 191., and that death occurred, on the date stated above, at 7 a m.
The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Cerebral Effusion

(Duration) yrs. mos. 1 ds.

(Signed), A. P. Hamilton M. D.

Dec 14, 191. (Address) 403 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rotary Cemetery

DATE OF BURIAL: Dec 17 191 5

20-UNDERTAKER: Lilly & Zeiler

ADDRESS: 403 S. Wolfe St

C90425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90425

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Barge Keystone, Canton Wharf, ST. 1 WARD)

REGISTERED No. C 19

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Roland? Not positive as to name

(Residence in Baltimore: No. Phila, Pa.,

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Not known

6-DATE OF BIRTH, Not known (Month) (Day) 1 (Year)

7-AGE, about 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Deck Hand
(b) General nature of industry, business, or establishment in which employed (or employer) Barge Keystone

9-BIRTHPLACE, (State or Country), Not known

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Lehnert (Capt. Barge)

(Address) 908 Mallow St. Phila, Pa.

15-

FILED DEC 17 1915 191 HARRY O. ANDREWS, Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 21st, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. W. Jones (Coroner.) M. D.

Nov 22, 1915 (Address) 2116 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	DEC 18 1915

20-UNDERTAKER Commissioner Health, ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90426 C90426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. Pronounced dead Mercy Hospital St. WARD)

(If death occurred in a hospital or Institution, give its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. ? St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): ?

6-DATE OF BIRTH, ?, (Month) (Day) 1 (Year)

7-AGE, about 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: ?
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): ?

PARENTS.

10-NAME OF FATHER: ?

11-BIRTHPLACE OF FATHER (State or Country): ?

12-MAIDEN NAME OF MOTHER: ?

13-BIRTHPLACE OF MOTHER (State or Country): ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police records

(Address)

15- DEC 17 1915 Filed, 191 HARRY O. MORRIS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy cerebral

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) yrs. mos. ds.

(Signed) Theo. R. Hawkins M. D. (Coroner)

Dec. 7, 191.6 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL. DATE OF BURIAL, DEC 16 1915, 19

20-UNDERTAKER, Commissioner Health, ADDRESS

WOODALL

FOR ANATOMICAL PURPOSES.

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90427

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1616 Shakespeare ST. N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Cherry

(Residence in Baltimore: No. 1616 Shakespeare St.: ~~yrs.~~ 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, September 26, 1915
(Month) (Day) (Year)

7-AGE, ~ yrs. 2 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mike Stavgios

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Dena Cherry

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dena Cherry

(Address) 1616 Shakespeare St.

15- DEC 17 1915 Burial Permit

Filed....., 191....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) ~~coroner~~ find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner.)

Dec. 15, 1915 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL

DATE OF BURIAL DEC 16 1915, 19....

20-UNDERTAKER

ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90423 C90423

38

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-16 Riggs ST.; 16 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arnetta Rich

(Residence in Baltimore: No. 15-16 Riggs Ave. St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Oct. (Month) 20 (Day), 1902 (Year)

7-AGE, 13 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pupil School child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James Rich

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Lena White

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Hardy

(Address) 15-16 Riggs Av.

15- FILED DEC 17 1915 191... HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 6- 1915, to Dec. 14 - 1915, that I saw her alive on Dec. 14 - 1915, and that death occurred, on the date stated above, at 9-20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) — yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. L. McCarthy M. D.

Dec. 15, 1915. (Address) 906 N. Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion	Dec 17, 1915
20-UNDERTAKER James H. Dennis	ADDRESS 303 Preston St

CAUSE OF DEATH must be given in plain terms. A mode of dying, as heart failure, asthenia, etc., is wholly insufficient. PROPERTY CLAIMED. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90429 C90429

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1344 Whatcoat ST.; 15 WARD) REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Coates

(Residence in Baltimore: No. 1344 Whatcoat St.; 23 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan. 1, 1880 (Month) (Day) (Year)

7-AGE, 35 yrs. 11 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Chas. Gardner

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Sarah Sanders

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Gardner

(Address) 1343 Whatcoat St.

15- DEC 17 1915 HARRY O. ANDREWS Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 15, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1915, to Dec. 14 1915, that I saw her alive on Dec. 14 1915, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

3

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. Quinn M. D.

Dec 15, 1915 (Address) 1507 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion — DATE OF BURIAL, Dec 18, 1915

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Preston

CAUSE OF DEATH in this case is so important that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90430

HEALTH DEPARTMENT—CITY OF BALTIMORE

15/C90430

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2221 N. Brunt street, ST. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank W. Conyer,

(Residence in Baltimore: No. 2221 N. Brunt street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, October (Month) 20th, (Day) 1915. (Year)

7-AGE. 0 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William Conyer,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Viola Hayden,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Conyer, mother,

(Address) 2221 N. Brunt street.

15- Filed DEC 17 1915, 191.... HARRY O. ANDREWS Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 15th (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hepatitis neonatorum,

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs.....mos.....ds.

(Signed) J. Francis Kempel M. D.
(Coroner.)

Dec. 15th 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Dec 17, 1915
20-UNDERTAKER James H Dennis	ADDRESS 1303 Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90431 C90431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 540 Burgundy St. 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Rudolph

(Residence in Baltimore: No. 540 Burgundy St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 45 about yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- DEC 17 1915 JOHNS

Filed, 191... HARRY O. ARDREYS, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(Duration) yrs. mos. ds.

(Signed) J. B. Peters M. D. (Coroner)

Dec 17, 191.. (Address) 242 W. 7th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL. DATE OF BURIAL, DEC 16 1915

20-UNDERTAKER Commissioner Health. ADDRESS

Per Wm E. WOODALL.

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90432

HEALTH DEPARTMENT---CITY OF BALTIMORE

C90432

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1902 Braddish Av ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madeline E. Hinkel

(Residence in Baltimore: No. 1902 Braddish Ave St.; ___ yrs. 4 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: July (Month) 20 (Day) 1911 (Year)

7-AGE: ___ yrs. 4 mos. 26 ds. If LESS than 1 day, ___ hrs., or ___ min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Harry D. Hinkel

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Margaret D. Remiers

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry D. Hinkel

(Address) 1902 Braddish Ave

15- Filed DEC 17 1915, 191 — HARRY O. ARDREWS, Burial Permit Registrant

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 16 (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8, 1915, to, Dec 16 1915, that I saw h[illegible] alive on Dec 16 1915, and that death occurred, on the date stated above, at 7:[illegible] p m.

The CAUSE OF DEATH* was as follows:

Bronchs - pneumonia

(Duration) ___ yrs ___ mos. [illegible] ds.

Contributory (SECONDARY) ___

(Duration) ___ yrs ___ mos. ___ ds.

(Signed) A W Hoffman M. D.

Dec. 17, 1915 (Address) 2100 W. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ___ yrs ___ mos ___ ds. In the State ___ yrs ___ mos ___ ds.

Where was disease contracted, if not at place of death? ___

Former or usual residence ___

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: Dec. 17, 1915

20-UNDERTAKER: Harry W. Ehlen — ADDRESS: 1944 W. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 255 Arch ST. 4 WARD) 19 REGISTERED No. C 90433

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Richard Lawrence

(Residence in Baltimore: No. 255 Arch St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mar

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).

(Address).

15- DEC 17 1915 191 HARRY O. ANDERSON Marial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 8, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Organic heart disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) M. D. (Coroner.)

Dec 14 1915 (Address) 242 N Hilton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, DEC 16 1915, 19

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

43

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C 120

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 714½ W Saratoga St., 4 WARD)
2-FULL NAME Mary Whitney
(Residence in Baltimore: No. 714½ W Saratoga St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widow

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE, 57 yrs. mos. ds.
If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Crab Picker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Unknown

PARENTS.

10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country). Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-
Filed DEC 17 1915, 191 HARRY O. ARNOLD, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chr Nephritis
(Duration) yrs. mos. ds.

(Signed) J. T. Jeffers M. D.
(Coroner)
Dec 14, 1915 (Address) 214 N. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, DEC 16 1915, 19
20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

C90435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C90435

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 S Washington St. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Murphy

(Residence in Baltimore: No. 420 S Washington St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Dont Known (Month) 1 (Day) (Year)

7-AGE, about 50 Years 0 Hours mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Corcoran

(Address) 420 S Washington

15- Filed DEC 17 1915 DEC 17 1915 HARRY O AKERS, 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 13th 1915, to Dec 16 1915, that I saw h[illegible] alive on Dec 16 1915, and that de[illegible] occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Uterus Sclerosed

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 3 ds.

(Signed) D E Kindleberger M. D.

Dec 17, 1915 (Address) 2013 Bank St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Patricks Cem — DATE OF BURIAL, Dec 18, 1915

20-UNDERTAKER John A Moran — ADDRESS Bank & Conn Ave

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90436

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C90435

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1814 Harlem av ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Wheeler

(Residence in Baltimore: No. 1814 Harlem Ave St.: 50 yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: October 17, 1853 (Month) (Day) (Year)

7-AGE: 63 yrs. 7 mos. 4 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Easton Md

PARENTS

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or country): Not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James A. Wheeler

(Address) 1814 Harlem Av

15-

Filed DEC 17 1915 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 16, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1915, to Dec 16th, 1915, that I saw h[illegible] alive on Dec 16th, 1915, and that death occurred, on the date stated above, at 9:20 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wilmart Evans M. D.

Dec 17th, 1915 (Address) 833 N Fulton av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Dec 17, 1915

20-UNDERTAKER: Geo W Little

ADDRESS: 531 N Fremont Av

Spec.—5-19-13—M. & T.—500 Bks.

C90437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

C90437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 Ramsay St.: 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. F. Miller.

(Residence in Baltimore: No. 1834 Ramsay. St.: 4 yrs. 5 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 14 (Day), 1911 (Year)

7-AGE, 4 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or....mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Geo. F. Miller

11-BIRTHPLACE OF FATHER (State or Country), Balto. City.

12-MAIDEN NAME OF MOTHER Mary A. Zeigler

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. M Miller

(Address) 1834 Ramsay st

15- DEC 17 1915 Filed..... 191. HARRY C. ANDREAE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 26 1915, to Dec 15 1915, that I saw h[illegible] alive on Dec 15 1915, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Gangrene of Limbs, Burns
Caused by Fire. Accidental

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) a Burns.

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

12-16 1915. (Address) 1233 Hollins st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Dec 18, 1915

20-UNDERTAKER John F. Fields — ADDRESS 1305 N. Eutaw st

over

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90438

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Scott ST.; 21 WARD)

REGISTERED No. C90438

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Seevers

(Residence in Baltimore: No. 502 Scott St.: 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1856 (Year)

7-AGE.	If LESS than 1 day.
..... yrs. ..... mos. Unknown ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Charles Wagner

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Ernestine Kiel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Helen Kleis

(Address) 502 South st.

15- Filed DEC 17 1915 191.. ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 15, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 2 1915, to Dec 16 1915, that I saw h. alive on Dec 15 1915, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Raymond J. Flamm M. D.

Dec 16, 1915 (Address) 1st Lemmon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Cemetery	Dec. 18, 1915
20-UNDERTAKER George J. Smith	ADDRESS 1100 W. Fayette st.

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

090439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 090439

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 S. Ann ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Lewinski

(Residence in Baltimore: No. 513 S. Ann St. St.; 23 yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 19 (Day), 1868 (Year)

7-AGE, 47 yrs. 9 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tailor
(b) General nature of industry, business, or establishment in which employed (or employer). Shop work.

9-BIRTHPLACE, (State or Country). Russian Poland

PARENTS.

10-NAME OF FATHER, Ignatzius Lewinski

11-BIRTHPLACE OF FATHER (State or Country). Russian Poland

12-MAIDEN NAME OF MOTHER Mary Kruszewska

13-BIRTHPLACE OF MOTHER (State or Country). Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leopold Lewinski

(Address) 513 S. Ann St

15- Filed DEC 18 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 191 5, to Dec 15 191 5, that I saw h[illegible] alive on Dec 15 191 5, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Uraemia

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) J. Wachtyna M. D.

Dec 11, 191 5 (Address) 16 S. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	Dec 18, 1915
20-UNDERTAKER William Jackson	ADDRESS 160 E. Eastern Ave.

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90440 9 C90440

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 W Hamburg St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Greives

(Residence in Baltimore: No. 1127 W Hamburg St St.; 3 yrs., 1 mos., 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. (Month) 2 (Day), 1912. (Year)

7-AGE,	If LESS than 1 day,
3 yrs. 1 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Joshua Greives

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lena Richter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joshua Greives

(Address) 1127 W Hamburg St

15- Filed DEC 18 1915 By ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 17 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1915, to Dec 17 1915, that I saw him alive on Dec 16 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Uremic Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) Edw Greenfield M. D.

Dec 17, 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Dec. 18, 1915
20-UNDERTAKER	ADDRESS
Jas. Dipman & Son	1000 S. Paca

8 A. M.

CAUSE OF DEATH to be plain (terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(90441) (90441)

CERTIFICATE OF DEATH.

9

PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N Lombard ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Howard C Lockard

(Residence in Baltimore: No. 807 N Lombard St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 20, 1909
(Month) (Day) (Year)

7-AGE, 6 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Howard J Lockard

11-BIRTHPLACE OF FATHER (State or Country), Md,

12-MAIDEN NAME OF MOTHER Edna M Rogers

13-BIRTHPLACE OF MOTHER (State or Country), Md,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard J Lockard

(Address) 807 N Lombard St

15-DEC 18 1915 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 17, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 16 1915, to Dec 17 1915; that I saw h[illegible] alive on Dec 16 1915, and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) H. R. Campbell M. D.

Dec 17, 1915. (Address) 644 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Stone Chapel Md.	Dec. 18, 1915
20-UNDERTAKER Jas. Diguet & Son	ADDRESS 1000 E. Fayette

8 a-My.

CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C90442

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 N. Gilmor St. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabel B. Frazier

(Residence in Baltimore: No. 4 N. Gilmor St. St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb. 28., 1845
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
70 yrs. 9 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Michael Kraft

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emily Towns

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Nettie Kraft

(Address) 1206 Laurens St.

15- DEC 18 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 17, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12 1915, to Dec 17 1915, that I saw her alive on Dec 16 1915, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

..... (Duration) ..... yrs. 12 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Benj F. P. Sullivan M. D.

Dec 17, 1915. (Address) 1929 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Dec 18, 1915
20-UNDERTAKER William Cook	ADDRESS E Baltimore

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90443

CERTIFICATE OF DEATH.

81

C90443

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 W. Mulberry ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Schneider

(Residence in Baltimore: No. 1128 N. Proctor St.; 36 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug. 29th, 1838
(Month) (Day) (Year)

7-AGE, 77 yrs. 3 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Duties
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frank. Bloegel.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. Reinhold Schneider

(Address) 1128 N. Proctor

15- DEC 18 1915 ROBERT KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 17th, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1915, to Dec 17 1915, that I saw h[illegible] alive on Dec 16 1915, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebro Hemorrhage

Senesc. Debility

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(Duration) x yrs. ... mos. 1 ds.

(Signed) Albert S. Driscoll M. D.

Dec 17, 1915. (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem.

DATE OF BURIAL, Dec. 20th, 1915.

20-UNDERTAKER Mr. & Mrs. John H. Penfel

ADDRESS 801 N. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

COPY AFFIDAVIT

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90444 — 81 — C90444

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 209 W 25th ST.; 12 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Walsh

(Residence in Baltimore: No. 209 W 25th St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Nov 22nd, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. mos. 23 ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sewer Tenant
(b) General nature of industry, business, or establishment in which employed (or employer): Employed by Philip E. Jones

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know (Ireland)

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maurice Walsh

(Address) 209 W. 25th St.

15- Filed DEC 18 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1914, to Dec 16 1915, that I saw him alive on Dec 15th 1914, and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Hypostasis of Pneumonia
Months of Acute Cardiac Insufficiency (Duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Acute Arteritis
(Duration) 1 yrs. 10 mos. ds.
(Signed) J. Ramsey Hunt M. D.
Dec 16 1915. (Address) 1 Dod W. 2 St. S.B.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Dec 18, 1915

20-UNDERTAKER Robt E. Turner — ADDRESS 1445 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90445 — 170 C90445

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 617 N Carrollton St.; or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME William Lindsey Pettit

(Residence in Baltimore: No. 617 N. Carrollton ave St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April 17 (Month) (Day), 1878 (Year)

7 AGE: 37 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Superintendent
(b) General nature of industry, business, or establishment in which employed (or employer): Clark Construction Co.

9 BIRTHPLACE (State or country): Fairfax Va.

PARENTS

10 NAME OF FATHER: William Pettit

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Penn.

13 BIRTHPLACE OF MOTHER (State or country): Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Pettit

(Address) 617 N. Carrollton Ave

15 Filed DEC 18 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 16th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 16th, 1915, to Dec 16 1915, that I saw him alive on Dec 16th, 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis, Interstitial Chronic

One year (Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) R Ellen Williams M. D.

Dec 17, 1915 (Address) 601 Carrollton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: Dec 19, 1915

20 UNDERTAKER: Robt C Turner — ADDRESS: 1421 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90446 64 C90446

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 John St. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie L. Randall

(Residence in Baltimore: No. 1204 John St. St.; life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feby 2, 1848
(Month) (Day) (Year)

7-AGE, 67 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John K. Randall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ruth Hooper

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret F. Randall

(Address) 1204 John St

15- DEC 18 1915 ROBERT . BRAUTER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 17, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1915, to Dec 17 1915, that I saw h alive on Dec 16 1915, and that death occurred, on the date stated above, at 8 10 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(Duration) 3 yrs. mos. ds.

(Signed) John A. Crain, M. D.

Dec 17, 1915. (Address) 100 N. Gay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Dec. 18, 1915.

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 129 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Samuel M. Kincaid

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 C90447

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel M Kincaid.

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ....yrs., ...mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb. 10, 1856 (Month) (Day) (Year)

7-AGE, 59 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, James Kincaid

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Sarah Martin

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp

15- DEC 18 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 17, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1915, to Dec. 17, 1915, that I saw h.. alive on Dec. 17 1915, and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Pulmonary Tuberculosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(Duration) yrs. mos. 14 ds.

(Signed) Arthur Bloomfield M. D.

Dec 17, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State ....yrs. ✓ mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Alderson, W. Va.

19-PLACE OF BURIAL OR REMOVAL, Alderson W. Va. DATE OF BURIAL, Dec. 18, 1915

20-UNDERTAKER Jos. J. Herr 1914 E. Fayette ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Henry A Tragesser.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 C90448

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry A. Tragesser

(Residence in Baltimore: No. 1515 E. Federal St.; Life yrs. mos. de.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 3, 1847. (Month) (Day) (Year)

7-AGE, 68 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real estate
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, George Tragesser.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H. A. Tragesser

(Address) 1515 E. Federal St

15- DEC 18 1915 ROBERT J. KRAUTER, Burial Permit Clerk

Filed 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1915, to Dec 16 1915, that I saw h alive on Dec 16 1915, and that death occurred, on the date stated above, at 10 20 A. m.

The CAUSE OF DEATH* was as follows:

1 Chronic Interstitial
Nephritis
Duration Weeks

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Post Mortem Examination

(Duration) yrs. mos. 7 ds.

(Signed) H. McCullough M.D.

Dec 16, 1915. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 1515 E. Federal St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Dec 20, 1915.

20-UNDERTAKER W. C. Browning Son — ADDRESS 617 N Edwards St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(90449) x 29 (90449)

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Manuel Proctor

(Residence in Baltimore: No. University Hospital St.; ....yrs.,....mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1887 (Year)

7-AGE, 28 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm Work
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Ben Proctor

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rose Thompson

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Manuel Proctor

(Address) Newburg Md

15- Filed DEC 18 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) - 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov-29 1915, to Dec-16 1915, that I saw him alive on Dec 16 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) ...yrs. 3 mos. ...ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) ...yrs. ...mos. 7 ds.

(Signed) M. Expander M. D.

Dec. 17., 191.5 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 18 ds. In the State 28 yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Newberg Md

Former or usual residence Newberg Md

19-PLACE OF BURIAL OR REMOVAL, Pipes Creek Md. DATE OF BURIAL, Dec. 18., 1915

20-UNDERTAKER Jos B Cook ADDRESS 1003 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90450

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90450

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 N. Chas. St. ST.; 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin F. Johnson.

(Residence in Baltimore: No. 1724 N. Charles St St.; ... yrs., mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Not known ..... (Month) ....., 1 ..... (Day) ..... (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Engineman (Sea)
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Stationary

9-BIRTHPLACE, (State or Country), Rhode Island. U.S.A.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Thos. H. Magness

(Address) ..... 1516 E. Baltos St.

15- FILED DEC 18 1915 ROBERT . KRAUTER, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) ..... 7th (Day); 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4. 1915, to Dec 7. 1915, that I saw him alive on Dec 7. 1915, and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) no history

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos H. Magness M. D.

12/7, 1915 (Address) 1516 E Baltos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. 6 ds.

Where was disease contracted, if not at place of death? Balto. City.

Former or usual residence, Rhode Island.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lundy Green.	December 9th 1915
20-UNDERTAKER	ADDRESS
Randall Appel & Son	37 S Arm St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C90451

C90451

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1125 N. Bradford ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert A Moore

(Residence in Baltimore: No 1125 N. Bradford St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dec. 3, 1889.
(Month) (Day) (Year)

7-AGE, 26 yrs. 0 mos. 12 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer). Private Car

9-BIRTHPLACE. (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER. Henry H Moore

11-BIRTHPLACE OF FATHER (State or Country). N. Y.

12-MAIDEN NAME OF MOTHER. Mary E. Jamison

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary M. Moore

(Address) 1125 N. Bradford St.

15 DEC 18 1915 HARRY O. ANDREWS,
Filed ....., 191.. Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 15th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 25th 1915, to Dec. 15th 1915, that I saw h[illegible] alive on Dec. 15th, 1915, and that death occurred, on the date stated above, at 1.50 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert E Fuller M. D.

12/16/, 1915 (Address) 15 [illegible] E Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Dec. 18, 1915.
20-UNDERTAKER	ADDRESS
Albert E Fuller	29 N Bradford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90452 C90452

CERTIFICATE OF DEATH.

1—PLACE OF DEATH 537 N. Vincent St. 120

CITY OF BALTIMORE: (No. 537 N. Vincent ST.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Cornelia Segar

(Residence in Baltimore: No. 537 N. Vincent St.; 48 yrs. — mos. — ds.)

Husband of Thomas Coakley

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX Female | 4—COLOR OR RACE, Colored | 5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6—DATE OF BIRTH, March 12, 1867 (Month) (Day) (Year)

7—AGE, 48 yrs. 9 mos. 4 ds. | If LESS than 1 day, ...hrs. or ....min.

8—OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9—BIRTHPLACE, (State or Country), Howard Co. Md

PARENTS.

10—NAME OF FATHER, Thomas Coakley

11—BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12—MAIDEN NAME OF MOTHER Laura Coakley

13—BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Segar

(Address) 537 N. Vincent St.

15—Filed DEC 18 1915, 191... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, 12 (Month) — 16 (Day); 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 17th 1915, to Dec 16 1915, that I saw h 2r alive on Dec 15 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Bronchitis

Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Bright's Disease

(Duration) ... yrs. 2 mos. ... ds.

(Signed) C. W. Barker M. D.

..., 191... (Address) 1403 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem | DATE OF BURIAL, Dec 19, 1915

20—UNDERTAKER Hilbert Brown | ADDRESS 306 N Mount st.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90453

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90453

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 809 N. Bruce ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Jackson

(Residence in Baltimore: No. 809 N Bruce St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mar

6-DATE OF BIRTH Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country). Calvert Co. Md.

PARENTS.

10-NAME OF FATHER, John Jackson

11-BIRTHPLACE OF FATHER (State or Country) Calvert Co. Md.

12-MAIDEN NAME OF MOTHER Annie Wright

13-BIRTHPLACE OF MOTHER (State or Country). Calvert Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Wright

(Address) 809 N Bruce St

15- Filed DEC 18 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1915, to Dec 16 1915, that I saw h alive on Dec 16 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Strangulated Inguinal Hernia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Colapse

(Duration) yrs. mos. 1 ds.

(Signed) J. H. Brown M. D.

Dec 17, 1915. (Address) 739 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn — DATE OF BURIAL, Dec 19, 1915

UNDERTAKER Wilbert Brown — ADDRESS 306 N Mount St

CASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90454 C90454

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1109 Winchester St.; 16 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel E. Tilghman

(Residence in Baltimore: No. 1109 Winchester St.: 30 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 53 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grain runner
(b) General nature of industry, business, or establishment in which employed (or employer)..... Grain

9-BIRTHPLACE, (State or Country), Md.

PARENTS?

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Minnie Tilghman

(Address) 1109 Winchester St.

15- DEC 18 1915 BANK OF ANCHES,
Filed....., 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec. 16 ....., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 16 1915, to Dec. 16, 1915, that I saw him alive on Dec. 16 1915, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute indigestion

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Jas. C. A. Shriver M. D.

Dec 16, 1915. (Address) 611 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cherry Cemetery

DATE OF BURIAL, Dec 17th, 1915.

20-UNDERTAKER Felix B Pye

ADDRESS 102 E Mulberry

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 (90455)

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2539 Eastern Ave St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolphine Offney

(Residence in Baltimore: No. 2539 Eastern Ave St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Aug (Month) 2nd (Day) 1837 (Year)

7-AGE: 78 yrs. 4 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Jacob Brandt

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Offney

(Address) 2539 Eastern Ave

15- DEC 18 1915 191.....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 16th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 1915, to, December, 1915, that I saw her alive on Dec. 15th 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Asthenia cross
Exhaustion, accompanied by Toxemia

Indefinite (Duration) — yrs. — mos. — ds.

Contributory (SECONDARY) Senility (senile Pneumonia left foot)

Indefinite (Duration) — yrs. — mos. — ds.

(Signed), John Albert Miller M. D.

Dec 17, 1915 [Address] 2739 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Carmel Cem.

DATE OF BURIAL: Dec. 19th 1915

20-UNDERTAKER: H. Lauder Sons

ADDRESS: 1710 Fleet St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90456 C90456

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital St.; 12 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Adele Grieves Moorhead

(Residence in Baltimore: No. 2203 North Charles St.; 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White.	Widow.

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 65 ..... yrs. ..... mos. ..... ds. approximately.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Dorchester Co., Md.

PARENTS.

10-NAME OF FATHER, Dr. Grieves

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Ann Martin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Moorhead

(Address) 36 W. 25th St

15- DEC 18 1915. HARRY O. ANDREWS, Special Health Officer.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... December ..... 17 ....., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1915, to Dec. 17 1915, that I saw h[er] alive on Dec. 17, 1915, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, following Amputation of right breast for Carcinoma on Dec. 7.1915.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma 8 mos.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. D. Shannon, M. D.

Dec. 17, 1915 (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State 64 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown.

Former or usual residence 2203 N. Charles St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park 64m

DATE OF BURIAL, Dec 19, 1915

20-UNDERTAKER Lee Cook

ADDRESS 58 W. Pa. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90457 64 C90457

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1409 N. Central Ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Elliot

(Residence in Baltimore: No. 1409 N. Central Ave St.; 62 yrs., 8 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 29 (Day), 1853 (Year)

7-AGE, 62 yrs. 8 mos. 18 ds. — If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. William A. Elliot

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Mary E Faring

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary E Hogg

(Address) 1407 N. Central Ave

15- DEC 18 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 17 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 1915, to Dec 17 1915, that I saw h[im] alive on Dec 16 1915, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Hypertonic Congestion of Lungs (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Herbert E Knapp M. D.

Dec 17, 1915. (Address) 1216 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Dec. 20, 1915

20-UNDERTAKER	ADDRESS
Henry Storck & Son	1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C90458

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H Huegelmeyer

(Residence in Baltimore: No. 1108 N Bond St. St.; 60 yrs. 4 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, August (Month) 11 (Day), 1855 (Year)

7-AGE, 60 yrs. 4 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer): Ligon Bowman

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, William Huegelmeyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Mary M Huegelmeyer
(Address) 1108 N Bond St

15-DEC 18 1915 CASEY O ARNOLD, Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1915, to Dec 17 1915, that I saw him alive on Dec 17 1915, and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:
Auto-Intoxication following Intestinal Stasis
(Duration) 10 mos. 6 ds.
CONTRIBUTORY (Secondary) Hemiplegia
(Duration) 1 yrs. mos. 11 ds.

(Signed) Ernest Hall Wagner M. D.
Dec 17, 1915. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 9 ds. In the State 60 yrs. 4 mos. 6 ds.
Where was disease contracted, if not at place of death? 1108 N Bond St
Former or usual residence 1108 N Bond St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Dec 20, 1915.

20-UNDERTAKER Henry Hoerdt Son — ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Blks.

C90459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C90459

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1332 N. Eden ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth B. Williams

(Residence in Baltimore: No. 1332 N. Eden St.; 39 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, not known, ... (Month) ..... (Day) 1 ..... (Year)

7-AGE, 65 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work nurse
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Henry Hamilton

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Martha Deacon

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Ella Tyler
(Address) 1332 N. Eden Ave

15-
FILED DEC 18 1915 HARRY O. ANDREUS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 17th (Day) 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 16th 1915, to Dec 17 1915, that I saw h[illegible] alive on Dec 16th 1915, and that death occurred, on the date stated above, at 9-9 m.

The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia
2.
3.
(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
Dec 17th 1915. (Address) 801 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Dec 19, 1915
20-UNDERTAKER Henry Hoeck Son	ADDRESS 1201 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90460 100 C90460

1-PLACE OF DEATH 2110 Maryland ave

CITY OF BALTIMORE: (No. 2110 Maryland ave St.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Heiss

(Residence in Baltimore: No. 2110 Maryland ave St.; ... yrs., 4 mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 2 (Day), 1876 (Year)

7-AGE, 39 yrs. 10 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pattern Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Woodwork

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Penfield Heiss

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Sarah Miller

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Heiss

(Address) 2110 Maryland

DEC 18 1915 Marial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Dec. 16 1915, that I saw him alive on Dec 16 1915, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) ... yrs. ... mos. 10 ds.

(Signed) A. Mendenhall M. D.

Dec 18, 1915. (Address) 1540 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Ireland Penna DATE OF BURIAL, Dec 20, 1915.

20-UNDERTAKER H. K. Fisher & Son ADDRESS Penna Ave

C90461

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

C90461

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1227 Madison Ave St.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie McCauley Jamieson

(Residence in Baltimore: No. 1227 Madison Ave St.: 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Unknown, 1 (Month) (Day) (Year)

7 AGE 65 yrs. mos. ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Scotland

PARENTS

10 NAME OF FATHER John Macauley

11 BIRTHPLACE OF FATHER (State or country) Scotland

12 MAIDEN NAME OF MOTHER Margaret Mackenzie

13 BIRTHPLACE OF MOTHER (State or country) Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Jamieson

(Address) 1227 Madison Ave

DEC 18 1915 Filed ....., 191.....

MARY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 16, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 12th, 1915, to Dec 16th 1915, that I saw her alive on Dec 16th, 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Recurrent Sarcoma Lungs

Operation (Duration) ..... yrs. 7 mos. ds

Contributory (SECONDARY)

(Duration) ..... yrs. mos. ds.

(Signed) Dr. William Hossick M. D.

Dec 17th, 1915 (Address) 1700 Fardawar

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Druid Ridge Com | DATE OF BURIAL Dec 20, 1915

UNDERTAKER H. J. Tschudy | ADDRESS Forest Park

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C90462

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 E. Lanvale St.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Gerhardt

(Residence in Baltimore: No. 1216 E. Lanvale St.; St.; 65 yrs., 8 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 11, 1860
(Month) (Day) (Year)

7-AGE, 55 yrs. 8 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Teamster
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Valentine Gerhardt

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Amanda Hickman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Gerhardt

(Address) 1216 E. Lanvale St.

15-

Filed DEC 18 1915 19 Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1915, to Dec 15 1915, that I saw h. alive on Dec 14 1915, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(Duration) ....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs....mos. 4 ds.

(Signed) Frank C. Thompson M. D.

12-16, 1915. (Address) 1230 E. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	12-19-15
20-UNDERTAKER	ADDRESS
E. B. Hartle	115 E. Lexington St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90463

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C90463

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Battery Ave ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loretta E D Miller

(Residence in Baltimore: No. 1205 Battery Ave St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 7 (Day) 1895 (Year)

7-AGE, 20 yrs. 5 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tobacco factory
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm H Miller

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mamie F Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Miller

(Address) 1205 Battery Ave

15-Filed DEC 18 1915 Asst. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 16 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 13 1915, to Dec 16 1915, that I saw her alive on Dec 15 1915, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Probably 3 mos. (Duration) yrs. mos. ds.

CONTRIBUTORY. Tuberculosis (Secondary)

pneumonia (Duration) yrs. 2 mos. ds.

(Signed) Wade Stifler M. D.

12/16, 1915. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Cross C A Co — DATE OF BURIAL, 12-20, 1915

20-UNDERTAKER E & B Earle — ADDRESS 115 E West St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90464

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 6 105

CERTIFICATE OF DEATH.

REGISTERED NO. C 90464

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 Fairmount Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel A. Davis.

(Residence in Baltimore: No. 2506 Fairmount Ave. St.; 40 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. February 2nd, 1856 (Month) (Day) (Year)

7-AGE. 59 yrs. 10 mos. 14 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Stationary

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Dont know

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country). Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mina M. Davis

(Address). 2506 Fairmount Ave

15- Filed DEC 18 1915, 191.. HARRY O ANDERSON Burial Permit Officer.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 16th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 11th 1915, to Dec 16th 1915, that I saw h— alive on Dec. 14th 1915, and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Degenerative Peritonitis
Due to perforation of
Duodenal Ulcer

(Duration) ....yrs. ....mos. 2 da.

CONTRIBUTORY (Secondary) Enteritis

(Duration) 5 yrs. ....mos. ....da.

(Signed). Geo. A. Burgstresser M.D.

Dec. 16th, 1915. (Address) 2527 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem

DATE OF BURIAL. 12-19-1915

20-UNDERTAKER E & B Hale

ADDRESS 1115 E Mad St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90465 C90465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1039 S Howard St St. 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Astor

(Residence in Baltimore: No. 1039 S Howard St St. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Brown

(Address) 109 W Montgomery St

15- DEC 18 1915 HARRY O ANDREWS, Filed, 19 Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15, 1915.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonery

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Edw Mauch (Coroner.) M. D.

Dec 18 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Not Interred

DATE OF BURIAL. Dec 19 1915

20-UNDERTAKER S. H. Brown Jr Son

ADDRESS 108 W Monty

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90466

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

84 C90466

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3565 Cedar Ave. ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth E. Small

(Residence in Baltimore: No. 3565 Cedar Ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: April (Month) 18 (Day), 1903 (Year)

7-AGE: 6 yrs. 7 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Scholar
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. City

PARENTS

10-NAME OF FATHER: Joseph Small

11-BIRTHPLACE OF FATHER (State or country): Balto. Co.

12-MAIDEN NAME OF MOTHER: Blanch E. Sewell

13-BIRTHPLACE OF MOTHER (State or country): Balto . City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Small

(Address) 3565 Cedar Ave.

DEC 18 1915 HARRY O ANDREWS, Burial Permit Clerk.

Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 17 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 25 1915, to, Dec 17 1915, that I saw h[illegible] alive on Dec 17 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis
(Contributory) (Duration) ..... yrs. ..... mos. 2 W ds.

Contributory (SECONDARY) Oedema of Lungs. 2 Wks.
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert Reilly M. D.

Dec 18, 1915 [Address] 3549 Roland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary's Cemetry H. DATE OF BURIAL: Dec 19 1915

20-UNDERTAKER: A.S. Marshall ADDRESS: 3539 Falls Road

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

W2307

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90467 C90467

CERTIFICATE OF DEATH.

103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 N. Dallas ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Collins

(Residence in Baltimore: No. 125 N Dallas St. Lifetime. St.; yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, May (Month) 8 (Day), 1888 (Year)

7-AGE, 27 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country) Baltimore, Md. City

PARENTS.

10-NAME OF FATHER, Howard Collins

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Emma Collins

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Collins

(Address) 125 N Dallas St.

15- Filed DEC 18 1915 HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1915, to December 16 1915, that I saw h[er] alive on Dec 16 1915, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) not known

(Duration) yrs. mos. ds.

(Signed) Richard J. Eisinger M. D.

Dec 17, 1915 (Address) 1514 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Dec 20, 1915

20-UNDERTAKER Robt. A. Elliott

ADDRESS 16 East St.

Spec.—8-24-14—M. & T.—2000 Blks.

C90468 HEALTH DEPARTMENT—CITY OF BALTIMORE C90468

CERTIFICATE OF DEATH. 8 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N Amity St. 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morton Wright

(Residence in Baltimore: No. 9 N Amity St.: 46 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, Uncertain, 18..

(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tailor,
(b) General nature of industry, business, or establishment in which employed (or employer). Tailor

9-BIRTHPLACE, (State or Country) St. Mary's Co Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Johnson

(Address) 9 N Amity St

15- Filed DEC 18 1915. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1915

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1915, to Dec 16 1915, that I saw h alive on Dec 16 1915, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. 2 mos. 2 ds.

(Signed) E J Howard M. D.

Dec 18, 1915. (Address) 1390 Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 12/18, 1915

20-UNDERTAKER Samuel Stansbury — ADDRESS 578 N Eutaw

C90469

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

C90469

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1144 N. Stockton street, ST. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J. Brown,

(Residence in Baltimore: No. 1144 N. Stockton street, St.; yrs. 56 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Married,

6-DATE OF BIRTH, January (Month) 7th (Day), 1859. (Year)

7-AGE, 56 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Sarah J. Lee,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence C. Wilson, daughter,

(Address) 1521 E. Madison street.

15- FILED DEC 18 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 16th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis,

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Frederick Kempel M. D.
(Coroner.)

Dec. 18th 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn / DATE OF BURIAL, 12/19 19..

20-UNDERTAKER Hurst Thornton ADDRESS 5784 Reisterstown

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90470 C90470

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1532 Dmd Hill Ave ST.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME James Munroe Gregory

(Residence in Baltimore: No. 1532 Dmd Hill Ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Sept 1 (Month) (Day) ..... (Year)

7. AGE: 44 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): School.

9. BIRTHPLACE (State or country): Penna

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Hankins

(Address) 1532 Dmd

15. DEC 18 1915, 191.....

HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec 17 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1916, to Dec 17 1915, that I saw h[illegible] alive on Dec 17, 1915, and that death occurred, on the date stated above, at 110 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Arteriosclerosis & Interstitial Nephritis (Duration) 2 yrs. 10 mos. ..... ds.

(Signed) C. H. Hankins M. D.

Dec 18 1916. (Address) 1532 Dmd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Woodlawn Md — DATE OF BURIAL: Dec 20, 191[illegible]

20. UNDERTAKER: Wm E. Roop — ADDRESS: [illegible] St Paul

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C90471

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 550 Dolphin ST.; 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Padie C. Chew

(Residence in Baltimore: No. 550 Dolphin St.

St. 28 yrs., 10 mos. 19 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Feb. 24, 1887
(Month) (Day) (Year)

7-AGE, 28 yrs. 10 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hair Dresser
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Harry C. Chew

11-BIRTHPLACE OF FATHER (State or Country), Indiana

12-MAIDEN NAME OF MOTHER Jamie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Indiana

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jamie Chew

(Address) 550 Dolphin St.

15- Filed DEC 18 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 15 1915, to Dec 16 1915, that I saw h[er] alive on Dec. 16 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyelitis

(Duration) yrs. mos. ds.

(Signed) Jno. F. Staple M. D.

Dec 17, 1915 (Address) 206 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Dec 19, 1915

20-UNDERTAKER Geo. H. Holland — ADDRESS 517 Robert St.

C90472

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C90472

Registered No. C

1-PLACE OF DEATH

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE (No. 554 Baker St. 14 Ward)

2-FULL NAME Olevia L. Wilson

(Residence in Baltimore: No. 554 Baker St.; 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH April (Month) 1 (Day) 1871 (Year)

7-AGE 44 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Louis Lewis

11-BIRTHPLACE OF FATHER (State or country) Virginia

12-MAIDEN NAME OF MOTHER Estelle Gordon

13-BIRTHPLACE OF MOTHER (State or country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Lewis

(Address) 213 Kinsley

15. Filed DEC 18 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 12 (Month) 16 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5/1, 1915, to 12/16 1915; that I saw h[illegible] alive on 12/16, 1915; and that death occurred, on the date stated above, at / P.M.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Pleurisy

(Duration) yrs. mos. / ds.

(Signed) Black Kelly M. D.

, 191 (Address) 213 S. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cem. | DATE OF BURIAL Dec 18, 1915

20-UNDERTAKER Jno C. Kelly | ADDRESS 107 Hillen

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90473

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90473

45

Registered No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles E Wharton

(Residence in Baltimore: No. 1507 N. Wolfe st St.: 4 yrs. 7 mos. 11 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Married

6 DATE OF BIRTH May 6, 1873 (Month) (Day) (Year)

7 AGE 42 yrs. 7 mos. 11 ds. | If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thos J Wharton

11 BIRTHPLACE OF FATHER (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary R Sailor

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah D Wharton

(Address) 1507 N Wolfe St

15 Filed DEC 18 1915, 191

HARRY O. ANDERSON
Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 17th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from November 29, 1915, to December 17 1915, that I saw him alive on December 17, 1915, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas
Metastasis
(Duration) 1½ yrs. — mos. — ds

Contributory (SECONDARY) Carcinoma of Liver
(Duration) ½ yrs. — mos. — ds.

(Signed) M. B. Levin M. D.
17/12/, 191 5. (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 19 ds. In the State 42 yrs. 7 mos. 11 ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 1507 N Wolfe St

19 PLACE OF BURIAL OR REMOVAL Baltimore Cem | DATE OF BURIAL Dec 20, 191 5

20 UNDERTAKER Holt & Turner | ADDRESS 1542 Park Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90474 — 151 — 90474

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Baby Wagelstein

(Residence in Baltimore: No. 7 Pattison St.: yrs. mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Child

6 DATE OF BIRTH: Dec (Month) 16 (Day), 1915 (Year)

7 AGE: ..... yrs. ..... mos. 2 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: A. Wagelstein

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: C. Felsenberg

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Lewis

(Address) 1414 E. Balto St

15 Filed DEC 18 1915, 191 HARRY O. ANDREAS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 18th (Month) (Day), 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 16th, 1915, to Dec 18 1915, that I saw h[illegible] alive on Dec 18, 1915, and that death occurred, on the date stated above, at 1 a. m.
The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Louis Hirsch M. D.

Dec 18, 1915 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. 2 ds.
Where was disease contracted. —
If not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel | DATE OF BURIAL: 12/19/1915

20 UNDERTAKER: Jack Lewis | ADDRESS: 1414 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 C90475

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 34 E. Preston ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Emory Warfield

(Residence in Baltimore: No. 34 E Preston St.; about 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, December 14th, 1830
(Month) (Day) (Year)

7-AGE, 85 yrs. mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....at Home.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard Emory

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ann Gittings

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary McDonald

(Address) Same as 7 Amersa Rd

15-
Filed DEC 18 1915, 191.....

HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 17th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1914, to Dec 17th 1915, that I saw her alive on Dec. 17th 1915, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema and Hypostatic Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Fractured left femur Accidental on floor in bed room

(Duration) yrs. mos. 5 ds.

(Signed) J. A. Chatard M. D.

Dec 18th, 1915. (Address) 40 W. Asquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, 12-20, 1915

20-UNDERTAKER Henry W. Jenkins Son & Co — ADDRESS Orchard & Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90476

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Franklin Terrace ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John David Wheeler

(Residence in Baltimore: No. 531 Franklin Terrace St.; (Or Yrs. Mos. Ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, January (Month) 10 (Day), 1846 (Year)

7-AGE, 69 yrs. 11 mos. 6 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John David Wheeler

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Rachel Clements.

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Wheeler

(Address) 531 Franklin Ter.

DEC 18 1915
Filed....., 191.... HARRY O. ARONSON,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1911, to Dec 17 1915, that I saw h[illegible] alive on Dec 2 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Lymph
Caused by Arteria Sclerosis x mitral regurgitation
(Duration) Dec Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis
(Duration) 5 or 6 yrs. mos. ds.

(Signed) M Baumgartner M. D.

Dec 18..., 1915. (Address) 426 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral	Dec 21st, 1915.

20-UNDERTAKER	ADDRESS
H. Jenkins Sons Co	McCulloh & Orchard Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90477

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90477

CERTIFICATE OF DEATH.

108

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Odell.

(Residence in Baltimore: No. 1408 Druid Hill Ave St.; 3 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 19 (Day), 1898 (Year)

7-AGE, 17 yrs. 2 mos. 29 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, Wilson Odell.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Flonna Scott

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Flonna Odell

(Address) 1408 Druid Hill

15- Filed DEC 19 1915, 191. MARRY O ANDREWS, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 18 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 14 1915, to Dec 18 1915; that I saw him alive on Dec 18 1915, and that death occurred, on the date stated above, at 4 PM m.

The CAUSE OF DEATH* was as follows: Appendicitis with purulent Peritonitis

(Duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Ch Par Nephritis

(Duration) yrs. 4 mos. 4 dr.

(Signed) Ernest Ryf Ringen M. D.

Dec 18, 1915 (Address) 811 W Lanvale

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 4 mos. 4 da. In the State 17 yrs. 2 mos. 29 da.

Where was disease contracted, if not at place of death? 1408 Druid Hill Ave

Former or usual residence 1408 Druid Hill Ave

19-PLACE OF BURIAL OR REMOVAL, Glenwood

DATE OF BURIAL, Dec 20, 1915

20-UNDERTAKER Howard & Co

ADDRESS Hanna & Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

C90478

HEALTH DEPARTMENT—CITY OF BALTIMORE

156

C90478

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 628 N. Carey street, ST. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John P. Grant,

(Residence in Baltimore: No. 628 N. Carey street, St.: 50 yrs. years, mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, Unknown, (Month) ..... (Day) 1 (Year)

7-AGE, 75? yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Scotland,

PARENTS.

10-NAME OF FATHER, John Grant,

11-BIRTHPLACE OF FATHER (State or Country). Scotland,

12-MAIDEN NAME OF MOTHER Joan Holiday,

13-BIRTHPLACE OF MOTHER (State or Country). Scotland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily H. Grant, daughter-in-law?

(Address) 1311 W. Lanvale st.

15-

FILED DEC 19 1915 HARRY O ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 17th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by illuminating gas taken with suicidal intent,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Hemple M. D.
(Coroner.)

Dec. 18, 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	12/19 1915
20-UNDERTAKER William Cook	ADDRESS 507 E. North Av

C90479 C90479

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 35

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Maryland Penitentiary St.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Fleet

(Residence in Baltimore: No. Maryland Penitentiary St.; 2 yrs. 7 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month) (Day) 1 (Year)

7-AGE: 19 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Farm
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE (State or country): Prince George's County Md.

PARENTS

10-NAME OF FATHER: Thomas Fleet.

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) [illegible]

(Address) Maryland Penitentiary

DEC 19 1915 Filed, 191

MARY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10-DATE OF DEATH: December (Month) 17 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16, 1915, to, December 17 1915, that I saw him alive on December 16 - 1915, and that death occurred, on the date stated above, at 2.55 a.m.

The CAUSE OF DEATH* was as follows:

Toxemia and Exhaustion from general tuberculor infection and convulsions

(Duration) yrs mos. 6 ds.

Contributory (SECONDARY) General Tuberculosis

(Duration) yrs 9 mos. ds.

(Signed) William F. Schwarz M. D.

December 17, 1915. [Address] Maryland Penitentiary

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 2 yrs 7 mos 22 ds. In the State 19 yrs mos ds.

Where was disease contracted if not at place of death? Md Penitentiary

Former or usual residence Upper Marlborough. Md.

19-PLACE OF BURIAL OR REMOVAL: Washington D.C. DATE OF BURIAL: Dec 19th 1915

20-UNDERTAKER: Samuel T. Hemsley ADDRESS: 578 N Bridge St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90480

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90480

CERTIFICATE OF DEATH

63

PLACE OF DEATH 17 Merryman's Lane

REGISTERED No. C

CITY OF BALTIMORE (No. 8 ST.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME James Bailey

(Residence in Baltimore: No. 17 Merryman's Lane St.: 30 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male.

4-COLOR OR RACE: Colored

5-~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~ (Write the word): Married.

6-DATE OF BIRTH: Unknown, (Month) (Day), 1852 (Year)

7-AGE: 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Jeweral

9-BIRTHPLACE (State or country): Essex Co. Va.

PARENTS

10-NAME OF FATHER: Unknown.

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Rachal Bailey

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rose Bailey.

(Address) 17 Wonyman Lane.

DEC 19 1915 Filed ....., 191 MARRI G AHORNEY Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December 17th, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from about Jan 1st, 1913, to, Dec 16th 1915, that I saw him alive on December 16th, 1915, and that death occurred, on the date stated above, at 9 a m. Dec 17th 1915

The CAUSE OF DEATH* was as follows:

Progressive Muscular atrophy

about (Duration) 2 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) E. G. Elsner M. D.

Dec 17th, 1915 (Address) 1224 W North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery DATE OF BURIAL: Dec 21, 1915

20-UNDERTAKER: Robt. A. Elliott. ADDRESS: 504 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C00481 C00481

CERTIFICATE OF DEATH.

138

REGISTERED No. C

1-PLACE OF DEATH Communicable Hospital

CITY OF BALTIMORE: (No. Lafayette & John St ST.; X3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Virginia German

(Residence in Baltimore: No. 18 N Brick Hill St.; Life Time (Yrs. Mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Nov. 21 (Month), 1893 (Day) (Year).

7-AGE, 32 yrs. 0 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, George Ernst

11-BIRTHPLACE OF FATHER (State or Country), Balto Co.

12-MAIDEN NAME OF MOTHER Ida Wootton

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida German Husband

(Address) Above

15 DEC 19 1915 Filed....., 191.. HARRY O ANDREWS, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to Dec 18 1915, that I saw her alive on Dec 18 1915, and that death occurred, on the date stated above, at 11:10 P m.

The CAUSE OF DEATH* was as follows:

Toxemia from Dead Foetus

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Post-Operative Hemorrhage 1½ hrs

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. R. Young M. D.

Dec 18, 1915. (Address) Women's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State 32 yrs. 0 mos. 20 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 81 Brick Hill

19-PLACE OF BURIAL OR REMOVAL, Ridgeview Cemetery — DATE OF BURIAL, Dec 21, 1915

20-UNDERTAKER Balto Co. Co. ADDRESS A S Marshall 2539 Talbot

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90482

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90482

CERTIFICATE OF DEATH.

152

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland University Hospital St.; ✕ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Italy

(Residence in Baltimore: No. University Hospital St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, 12 (Month) 17 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 6 da. If LESS than 1 day, 23 hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Robert A Hall

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ida Rueckert

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fritz Rueckert

(Address) 3122 E Lombard St

15- Filed DEC 19 1915, 191.. MARY C ARMSTRONG, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-17 1915, to 12-18 1915; that I saw h[illegible] alive on 12-18 1915; and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Eclampsia Mother

(Duration) ....yrs. ....mos. ....ds.

(Signed) P L Rusk M. D.

12-18, 191.0 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Maryland Hospital

Former or usual residence University Hospital

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, Dec 20, 191..

20-UNDERTAKER J Herwig & Co — ADDRESS 2008 Aisquith

Spec.—8-24-14—M. & T.—2000 Blks.

C90483

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90483

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Lloyd Pugh

(Residence in Baltimore) No. 230 n. Madeira St

St.; 40 yrs., 7 mos. 12 da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, May 5 (Month) (Day) 1875 (Year)

7-AGE, 40 yrs. 7 mos. 19 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Horse mtk
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER Christian Weber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Ehrt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Pugh

(Address) 230 N. Madeira St

15- Filed DEC 19 1915, 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 15 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 12 1915, to Dec. 15 1915, that I saw h[illegible] alive on Dec. 15 1915, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 da.

(Signed) [illegible] M. D.

Dec 15, 1915. (Address) 20 W Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 3 da. In the State 40 yrs. 7 mos. 10 da.

Where was disease contracted, if not at place of death? not known

Former or usual residence 230 N Madeira St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	Dec 19, 1915

20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jeffer[illegible] St

Spec.—8-24-14—M. & T.—2000 Bks.

C90484 C90484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

39

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 N. Collington Ave. St.; 18th WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Warr

(Residence in Baltimore: No. 1032 N. Collington Ave St.; 0 yrs., 2 mos. 5 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write also word.) Married

6-DATE OF BIRTH. June (Month) 2 (Day) 1855 (Year)

7-AGE. 60 yrs. 6 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Alabama

PARENTS.

10-NAME OF FATHER, Geo Nelson Warr

11-BIRTHPLACE OF FATHER (State or Country), Alabama

12-MAIDEN NAME OF MOTHER Lizzie McCalister

13-BIRTHPLACE OF MOTHER (State or Country), Alabama

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm F. Fisher

(Address) 764 N. Chester St.

15-

Filed DEC 19 1915 MARY O ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 17 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1915, to Dec 15 1915, that I saw him alive on Dec 15 1915, and that death occurred, on the date stated above, at 7:15 p.m.

The CAUSE OF DEATH* was as follows: Cancer Pylorus

Epithelioma of Tongue

(Duration) about 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) John G. Owens M. D.

Dec 18 1915 (Address) Farm & Mkt Streets

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, Dec 20, 1915

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

C90485

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90485

CERTIFICATE OF DEATH.

29

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Hare

(Residence in Baltimore: No. 2454 McCulloh Street St.; life yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR, OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December (Month) 27 (Day), 1912 (Year).

7-AGE, 2 yrs. 11 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md (City)

PARENTS.

10-NAME OF FATHER, Clarence Hare

11-BIRTHPLACE OF FATHER (State or Country). West Virginia

12-MAIDEN NAME OF MOTHER Ida Miller

13-BIRTHPLACE OF MOTHER (State or Country). West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Madeleine Handy

(Address) Johns Hopkins Hospital

15- Filed DEC 19 1915 101. HARRY O ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 18 (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Dec 8 1915, to Dec 18 1915, that I saw h[illegible] alive on Dec 16 1915, and that death occurred, on the date stated above, at 8:40 a.m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Powers M. D.

Dec 18, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 10 ds. In the State 2 yrs. 11 mos. 22 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2454 McCulloh Street

19-PLACE OF BURIAL OR REMOVAL, Charlestown W. Va. DATE OF BURIAL, Dec 21, 1915.

20-UNDERTAKER G. F. Walker ADDRESS 733 N. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90486 — 92 C90486

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 E. Naish Ave ST.; 8 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Brunt

(Residence in Baltimore: No. 613 E. Naish ave St.; 50 yrs. — mos. — da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. Jan 5, 1865 (Month) (Day) (Year)

7-AGE. 50 yrs. 11 mos. 11 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION. (a) Trade, profession, or particular kind of work: Manufacturer of Pottery

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER. William Brunt

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER. Maria Locker

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Brunt

(Address) 613 E Naish Av

15- DEC 19 1915 HARRY O. ANDREWS, Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1915, to DEC 16 1915, that I saw h~~im~~ alive on DEC 16 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 2 da.

(Signed) E. H. Hayward M. D.

DEC 18, 1915. (Address) 838 E Pre St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cem. DATE OF BURIAL. Dec. 19, 1915.

20-UNDERTAKER Chas. E. Evans & Son ADDRESS 118 W. Mt. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90487

CERTIFICATE OF DEATH.

92 C90487

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 N. Charles ST.; 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia A. Farlow

(Residence in Baltimore: No. 2414 N. Charles St.; life yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Nov. (Month) 22nd (Day), 1840 (Year)

7-AGE, 75 yrs. - mos. 26 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Absolem Hancock

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sophia Turner

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Marion R. Welslager

(Address) 2414 N. Charles St.

15- DEC 19 1915

Filed ....., 191.... MARY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Dec 18 1915, that I saw h[er] alive on Dec 17 1915, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Julius Friedmann M. D.

Dec. 19, 1915. (Address) 10 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge | DATE OF BURIAL, Dec. 20th, 1915.

20-UNDERTAKER E. M. Mitchell & Co. | ADDRESS 1201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

C90488 HEALTH DEPARTMENT—CITY OF BALTIMORE C90488

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 935 N. Wolfe ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Bourek

(Residence in Baltimore: No. 935 N. Wolfe St.; 15 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH August 12th, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 4 mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Factory

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER John Bourek

11-BIRTHPLACE OF FATHER (State or Country) Austria

12-MAIDEN NAME OF MOTHER Francis Hayek

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Agnes Chlumsky
(Address) 806 N. Madeira St.

15-
Filed DEC 19 1915, 191. HARRY O. ANDREWS, Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH December 17th, 1915.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 1st, 1915, to December 17th, 1915, that I saw him alive on December 17th, 1915, and that death occurred, on the date stated above, at 10:45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter A. Meyer M. D.

December 17th, 1915. (Address) 1031 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec. 20th, 1915.

20-UNDERTAKER Geo M. Fink — ADDRESS 811 N Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90489 X 138 (C90489)

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Eleanor

(Residence in Baltimore: No. University Hospital; 0 yrs., 0 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female. | 4-COLOR OR RACE. White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married.

6-DATE OF BIRTH, May (Month) 6 (Day), 1882 (Year)

7-AGE, 33 yrs. 7 mos. 12 ds. | If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. Alfred Bryett.

11-BIRTHPLACE OF FATHER (State or Country). New York State

12-MAIDEN NAME OF MOTHER. Barbara Lee

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Taylor

(Address) Annapolis Md

15- DEC 19 1915 Filed. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12 17 1915, to 12 18 1915, that I saw her alive on 12-18 1915, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Pernephritis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) P. L. Bush M. D.

(Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 33 yrs. 7 mos. 12 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Annapolis Md

19-PLACE OF BURIAL OR REMOVAL. Annapolis Md | DATE OF BURIAL. Dec 19 1915

20-UNDERTAKER Geo M. Frank | ADDRESS Bladensburg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90490 C90490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 2630 Harford Ave St. 9 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Arthur William Dewey
(Residence in Baltimore: No. 2630 Harford Ave St.; yrs. 1 mos. 10 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH October (Month) 28 (Day), 1914 (Year)

7-AGE, ... yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.
10-NAME OF FATHER, Albert S. Dewey
11-BIRTHPLACE OF FATHER (State or Country), New York State
12-MAIDEN NAME OF MOTHER Elsie Moffat
13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Elsie Dewey
(Address) 2630 Harford Ave

15 DEC 19 1915 HARRY C. AHLERS, Filed ....., 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Accidental Asphyxiation by burning face and head
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wm. M. Savage M. D.
(Corner.)
Dec. 18, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	Dec 20, 1915
20-UNDERTAKER Daniel Easton	ADDRESS 716 Fa ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90491 C90491

CERTIFICATE OF DEATH.

x 40

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Maryland Court Hospital St. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Smith

(Residence in Baltimore: No. Betterton, Md St.; ? yrs. ? mos. ? ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
65 yrs. ? mos. ? ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Fox

(Address) Md. General Hospital

15-

Filed DEC 19 1915 MARY C. ANDREWS, Carrie Permelia Clark. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 17, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1915, to Dec 17 1915, that I saw h[illegible] alive on Dec 17 1915, and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Clinical Diagnosis

(Duration) 1 yrs. 2 mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) ? yrs. mos. ds.

(Signed) F. C. Shipley M. D.

Dec. 18, 1915. (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ? yrs. 2 mos. 18 ds. In the State ? yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Betterton Md

19-PLACE OF BURIAL OR REMOVAL, Still Pond Kent Co Md — DATE OF BURIAL, Dec 20 1915.

20-UNDERTAKER H. C. Widefield — ADDRESS Md Grasonton

Spec.—8-24-14—M. & T.—2000 Bks.

C90492

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

× 92

C90492

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ollie Turner

(Residence in Baltimore: No. 9 days (Johns Hopkins Hospital St.; ..... yrs., ... mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, October 23, 1867 (Month) (Day) (Year)

7-AGE, 48 yrs. 1 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House-wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Richard Wilkins

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Elizabeth Bryant

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) R. F. Smith

(Address) Johns Hopkins Hospital

15- Filed DEC 19 1915, 19 HARRY O ANDREWS, Registrar.

Burial Permit Oliver

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 9 1915, to Dec 13 1915, that I saw her alive on December 13 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Postoperative Pneumonia

over

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. L. Shaw M. D.

Dec 13, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ..... mos. 9 ds.

Where was disease contracted, if not at place of death? C

Former or usual residence Lodge Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lodge Va	Dec. 20, 1915.
20-UNDERTAKER	ADDRESS
Albert C Fuller	221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. ... be properly classified. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90493 C90493

CERTIFICATE OF DEATH.

REGISTERED NO. C 6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Fremont Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys Warfield

(Residence in Baltimore: No. 1816 Fremont Ave St.: — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 6 yrs. — mos. — da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas. G. Warfield

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Nora M Troor

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) N M Troor

(Address) 1916 W Balto St

15-DEC 19 1915 Burial Permit Clerk.

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 19th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 14th 1915, to Dec. 19th 1915, that I saw her alive on Dec. 19th 1915, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Spasmodic laryngitis

(Duration) ....yrs. ....mos. 1 da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 5 da.

(Signed) Howard Sykes M. D.

Dec 20, 1915; (Address) 1 N Carroll Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Dec. 20, 1915

20-UNDERTAKER Geo A Gerber — ADDRESS Balto & Payson St

N. B.—Every question must be answered, if answer is known or can be ascertained. All blanks should be filled. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90494 C90497

HEALTH DEPARTMENT—CITY OF BALTIMORE 46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madaline Schilling

(Residence in Baltimore: No. 1705 N. Chapel St., St.; 15 yrs., — mos., — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, July (Month) 11 (Day), 1898 (Year)

7-AGE, 17 yrs. 5 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Packer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Fred W. Shilling

11-BIRTHPLACE OF FATHER (State or Country) Indiana

12-MAIDEN NAME OF MOTHER Mayhewyer

13-BIRTHPLACE OF MOTHER (State or Country) Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred W. Shilling

(Address) 1705 N. Chapel

15- Filed DEC 19 1915, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 24 1915, to December 17 1915, that I saw h[illegible] alive on December 17 1915, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

General Septicaemia

(Duration) yrs. 2 mos. 24 ds.

CONTRIBUTORY (Secondary) Osteomyelitis Femur

(Duration) yrs. 2 mos. ds.

(Signed) J. M. Venton Cliff M. D.

Dec 18, 1915 (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 2 mos. 24 ds. In the State 15 yrs. [illegible] mos. [illegible] ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1705 N. Chapel St.

19-PLACE OF BURIAL OR REMOVAL, Mt Cathedral — DATE OF BURIAL, Dec 21, 191..

20-UNDERTAKER Wm Cook — ADDRESS Balto. Md.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90495 C90495

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S Mmm ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Baner

(Residence in Baltimore: No. 120 S Mmm St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 9 (Day), 1855 (Year)

7-AGE, 60 yrs. 8 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), St Louis Mo

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Baner

(Address) 120 S Mmm St

15- DEC 19 1915 Filed....., 191.... HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 191 5, to Dec 16 191 5, that I saw h— alive on Dec 15 191 5, and that death occurred, on the date stated above, at 12 15 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Heart Trouble

(Duration) ...yrs. ...mos. 14 ds.

CONTRIBUTORY (Secondary) Diabetes Complication

(Duration) ...yrs. ...mos. ...ds.

(Signed) Thos McShane M. D.

Dec 17 191 5 (Address) 143 N Mmm

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart — DATE OF BURIAL, Dec 20 1915

20-UNDERTAKER Mundell Appleton — ADDRESS 378 Mmm

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

(90496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

(90496

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 S. Stricker St.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Sautry

(Residence in Baltimore: No. 428 S. Stricker St.; 46 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... (Year) 186[illegible]

7-AGE, 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Lynston

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Tierney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Catherine Flaherty

(Address) 428 S. Stricker St

DEC 19 1915 HARRY O ANDREWS,

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Dec 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1915, to Dec 17 1915, that I saw her alive on Dec 17 1915, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

Dec 19, 1915. (Address) 108 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Dec 20, 1915

20-UNDERTAKER Jas D Cook — ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90497

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C90497

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2229 Mondawmin Ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Steckel

(Residence in Baltimore: No. 2229 Mondawmin St.; 45 yrs. — mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): married

6-DATE OF BIRTH: December 17, 1870 (Month) (Day) (Year)

7-AGE: 45 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Broker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Wm. J. Steckel

(Address) 2229 Mondawmin

15. Filed DEC 19 1915, 191 ..... BUREAU OF VITAL STATISTICS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December 17, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1915, to Dec 17, 1915, that I saw h[illegible] alive on Dec 17, 1915, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Cerebral Hemorrhage

(Duration) 1 yrs. 1 mos. 1 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Wm J Steckel M. D.

Dec 18, 1915 (Address) 5 E Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Dunn Ridgely — DATE OF BURIAL: Dec 20, 191 5

20-UNDERTAKER: [illegible] — ADDRESS: 100 W Balto St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

90498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C90498

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 428 N. Chapel ST., W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Zyprash

(Residence in Baltimore: No. 428 N. Chapel St.; yrs., 30 mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: January 25, 1853

7-AGE: 62 yrs. 10 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Antony Zyprash

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Anna ?

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna Schultz

(Address) 1978 Eastern Ave

15- Filed DEC 20 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: December 17th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) D. W. Jones (Coroner.) M. D.

Dec 18th, 1915 (Address) 2116 Monument st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL, 1916, 19..

20-UNDERTAKER: Wm Cook — ADDRESS 587 E. N. Ave

Marciana Heird

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

(90499) 64 (90499)

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 N. Stricker St. ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Marciana V. Heird

(Residence in Baltimore: No. 1005 N. Stricker St.; 6½ yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: June (Month) 19 (Day), 1852 (Year)

7-AGE: 63 yrs. 5 mos. 28 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Francis Carter

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Caroline Francis

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wilbur Heird

(Address) 1005 N. Stricker

15-DEC 20 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 –, 1915, to, Dec 17 – 1915, that I saw h[er] alive on Dec 17 – 1915, and that death occurred, on the date stated above, at 12.55 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy & Hemiplegia

(Duration) ... yrs. ... mos. 15 days ds.

Contributory (SECONDARY) Imatition - about 15 days

(Duration) ... yrs. ... mos. ... ds.

(Signed), Carlton McCook M. D.

Dec 17 –, 1915 [Address] 1107 W. Lanvale St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Louden Park

DATE OF BURIAL: Dec. 20, 1915

20-UNDERTAKER: Josiah Syfer

ADDRESS: 1605 N. Nor[illegible] Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90500

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C90500

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Maryland Penitentiary ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Hynes

(Residence in Baltimore: No. Maryland Penitentiary St.; yrs. 4 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: August (Month) 11th (Day), 1868 (Year)

7-AGE: 47 yrs. 4 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): New York

PARENTS

10-NAME OF FATHER: Charles Hynes

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Louisa Baiter

13-BIRTHPLACE OF MOTHER (State or country): New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John F. Hammond

(Address) Maryland Penitentiary

15- Filed DEC 20 1915 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 27, 1915, to, December 18 1915, that I saw him alive on December 17 1915, and that death occurred, on the date stated above, at 1.05 A.m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs and Cardiac Failure

(Duration) yrs mos. 1 ds.

Contributory (SECONDARY) Bronchopneumonia.

(Duration) yrs mos. 7 ds.

(Signed) William F. Schwark M. D.

December 18, 1915 [Address] Maryland Penitentiary

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs 4 mos 14 ds. In the State yrs 14 mos 14 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1014 12th St. N.W. Washington, D.C.

19-PLACE OF BURIAL OR REMOVAL: New Jerusalem N.Y. DATE OF BURIAL: 12 20 1915

20-UNDERTAKER: Chas. F. Eadie & Son ADDRESS: 1110 Old Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90501 C90501

1 PLACE OF DEATH 1122 N Mount St — REGISTERED NO. C 91

CITY OF BALTIMORE: (No. Hahnemann General Hospital ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Wilson

(Residence in Baltimore: No. 1021 Argyle Ave St. 2 yrs. 3 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
M	Colored	Single

6-DATE OF BIRTH September (Month) 1 (Day) 1913 (Year)

7-AGE 2 yrs. 3 mos. 15 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work — None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Leroy Wilson.

11-BIRTHPLACE OF FATHER (State or country) Norfolk Va.

12-MAIDEN NAME OF MOTHER Julia Brown

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leroy Wilson

(Address) 1021 Argyle Ave

15- Filed DEC 20 1915 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec (Month) 18 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-5-15, 1915, to, Dec 18 1915, that I saw him alive on Dec 18 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebral meningit

Several weeks (Duration) yrs mos ds.

Contributory (SECONDARY) Broncho Pneumonia

(Duration) yrs mos 13 ds.

(Signed) Maria L Jungmann M. D.

Dec 18 1915 [Address] 2439 N Charles St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos 13 ds. In the State 2 yrs 3 mos 15 ds.

Where was disease contracted, if not at place of death? 1021 Argyle Ave

Former or usual residence Same.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	Dec 20, 1915
20-UNDERTAKER Hamel Carton	ADDRESS 916 Park Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90502 X109 C90502

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot. Infirmary ST. 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard H. Snyder

(Residence in Baltimore: No. Union Prot Infirmary St.; yrs., mos. 3 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, Aug (Month) 5 (Day), 1914 (Year)

7-AGE, 1 yrs. 8 mos. 15 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Brooklyn Md & a few Wks

PARENTS.

10-NAME OF FATHER, Jos Snyder.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Nettie Howard

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos H. Snyder Father

(Address) 602 Maryland Ave Brooklyn Md

15- DEC 20 1915 ROBERT . KRAUTER, Filed....., 191..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1915, to Dec 19 1915, that I saw h— alive on Dec 19 1915, and that death occurred, on the date stated above, at 11:56 m.

The CAUSE OF DEATH* was as follows:

Intussusception

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) Burns S. Chaffee M. D.

Dec 19, 1915. (Address) 11 W Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence Brooklyn, Anne Arundel Co. Md.

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, Dec 22, 1915

20-UNDERTAKER Armstrong Denny Co

ADDRESS, 11 S Light St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43

~~90503~~ 90503

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 1908 Mt Royal Terrace ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Caroline Cohen

(Residence in Baltimore: No. 1908 Mt Royal Ter St.; 6 yrs., 7 mos. 17 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED.~~ (Write the word.): Widow

6-DATE OF BIRTH: April 14, 1844 (Month) (Day) (Year)

7-AGE: 71 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Wm Stoll

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dorothy Gebhardt

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles M. Cohen

(Address) 1908 Mt Royal Ter

15- DEC 20 1915 Registrar

KORNER · KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec 16 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 14 1915, to Dec 16 1915, that I saw her alive on Dec 16 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows: (See other side)

Carcinoma (or Sarcoma) primary of breast (operated on and removed) ago: Metastasis to Lung (left)

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Dyspnoea due to Lung involvement (Duration) yrs. 1 mos. ds.

(Signed) Pearce Kurtzing M. D.

Dec 17., 1915. (Address) 1271 St Charles St.,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, 1915
Baltimore Cem	Dec 20
20-UNDERTAKER H. Deichmann & Son	ADDRESS Norden

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90501 C90504

CERTIFICATE OF DEATH.

79 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1208 N. Decker ave ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Modrak

(Residence in Baltimore: No. 1208 N. Decker ave St.; yrs. 76 mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, November 27, 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. 1 mos. 16 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work ... Hous
(b) General nature of industry, business, or establishment in which employed (or employer) ... at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Mathew Labuicki

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Jena Frabovitch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luher Modrak

(Address) 1208 N. Decker ave

15-DEC 20 1915 ROBERT J. KRAUTER, Registrar.
Filed ..., 191... Burial Permit ...

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry) ... find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

... Organic Heart Disease ...

... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

... (Duration) ... yrs. ... mos. ... ds.

(Signed) ... D. W. Jones ... M. D.
(Coroner.)

Dec. 19, 1915. (Address) 1116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Kem — DATE OF BURIAL, Dec 21, 1915

20-UNDERTAKER Stephen J. Finkowski — ADDRESS 1093 Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90505

CERTIFICATE OF DEATH.

92 C90505

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 N. Bond ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Sarah Smigen

(Residence in Baltimore: No. 1002 N. Bond St.; 20 yrs., mos., da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1843 (Year)

7-AGE, 72 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Baltimore St.

15- Filed DEC 20 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16th 1915, to Dec 20 1915, that I saw h[illegible] alive on Dec 20th 1915, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Albert E. Goldstein M. D.

Dec. 20, 1915. (Address) 444 N. Eutaw Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Hebrew Washington Rd

DATE OF BURIAL, 12/22, 1915

20-UNDERTAKER Jack Lewis

ADDRESS 1419 E. Baltimore St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90506 C90506

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Aged Home St.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Levy

(Residence in Baltimore: No. Hebrew Aged Home St.; 25 yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH ..... Unknown ..... (Month), ... (Day), 1831 (Year)

7-AGE,	If LESS than 1 day,
84 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Clothing Merchant

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... H. Levy .....

(Address) ..... 10 N. Eutaw St .....

15-

Filed DEC 20 1915, 191... ROBERT . KRAUTER, REGISTRAR.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... December ..... (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 2 1915, to Dec. 19 1915, that I saw h.. alive on Dec. 19 1915, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic interstitial nephritis
(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage
(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. A. Michelson M. D.

Dec. 20, 1915. (Address) 1420 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 yrs. ..... mos. ..... ds. In the State 25 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Hebrew Aged Home

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	12/20, 1915

20-UNDERTAKER	ADDRESS
Jack Levin	1419 E. Baltimore

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90507 C90507

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 W. 37th Street St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Nicholson

(Residence in Baltimore: No. 816 W. 37th Street St.; 63 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
female	white	widow

6-DATE OF BIRTH: Sept. (Month) 25 (Day) 1842 (Year)

7-AGE: 73 yrs. 2 mos. 23 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Cornelius Keys

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Josephine Lyons

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Josie Nicholson

(Address) 816 W 37th St.

15- FILED DEC 20 1915 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3, 1915, to, Dec 18 1915, that I saw her alive on Dec 17 1915, and that death occurred, on the date stated above, at 11-1/2 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) 7 yrs - mos ds.

Contributory (SECONDARY): Arteriosclerosis

(Duration) 5 yrs mos. ds.

(Signed) Alexander Lenhardt M. D.

Dec 20, 1915 [Address] 846 W 36th St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Patrick's cemetery DATE OF BURIAL: Dec 21, 1915

20-UNDERTAKER: A.S Marshall 3539 ADDRESS: Falls Road

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90508

CERTIFICATE OF DEATH.

79 C90508

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2503 Edmondson ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Weber Sr

(Residence in Baltimore: No. 2503 Edmondson ave St.; 64 yrs., 3 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, June 24, 1827 (Month) (Day) (Year)

7-AGE, 88 yrs. 5 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Darmstadt Hessen Germany

PARENTS.

10-NAME OF FATHER, John George Weber

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER —— Adt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Weber Jr

(Address) 2503 Edmondson

15- Filed DEC 20 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 19th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 18 1915, to Dec 19 1915, that I saw h m alive on Dec. 19 1915, and that death occurred, on the date stated above, at 6-P- m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis and Arterio sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ..... yrs. 2 mos. 1 ds.

(Signed) Frank D Lyon M. D.

Dec 20, 1915 (Address) 1619 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, Dec 22 1915

20-UNDERTAKER William H Sherwin ADDRESS 1018 Edmondson ave

Corr.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90509 — 92C90509

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 Griffin Court ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Rembiewicz

(Residence in Baltimore: No. 417 Griffins Court. St.; 1 yrs., 10 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 23 (Day) 1913 (Year)

7-AGE, 1 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Joseph Rembiewicz

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Annie Kospowicz

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Rembiewicz

(Address) 417 Griffin Ct.

15- DEC. 20. 1915 191. ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11th 1915, to Dec 17th 1915, that I saw h[illegible] alive on Dec 17th 1915, and that death occurred, on the date stated above, at 7 P. m. The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. W. Dorsey M. D.

Dec 20, 1915 (Address) 600 Patapsco Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	Dec 21st, 1915
20-UNDERTAKER M. F. Sadowski.	ADDRESS 705 S. Ann St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90510 64 C90510

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1718 Hollins St 19 ST.: WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rudolph Schroeder

(Residence in Baltimore: No. 1718 Hollins St St.: 42 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept 20, 1857 (Month) (Day) (Year)

7 AGE: 58 yrs. 2 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Patrolmen
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: John Henry Schroeder

11 BIRTHPLACE OF FATHER (State or country): Hannover Germany

12 MAIDEN NAME OF MOTHER: Metta Helen Brinkman

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna Barbara Schroeder

(Address) 1718 Hollins

15 Filed DEC 20 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 17, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1915, to. Dec 17 1915, that I saw h[illegible] alive on Dec 17, 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (apoplexy
Pt. Paralysis)

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY) Raymond Disease Arteriosclerosis

(Duration) 7 yrs. mos. ds.

(Signed) Joseph C Fisher M. D.

Dec 19, 1915 (Address) 1516 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Emmanuel Cemetery

DATE OF BURIAL: Dec 20 1915

UNDERTAKER: George L. Schwab Bro

ADDRESS: 2101 Frederick Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 C90514

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 718 Reservoir ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Louisa Schott-

(Residence in Baltimore: No. 718 Reservoir St- 65 St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, unknown (Month) (Day) 1835 (Year)

7-AGE 80 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, G. H. Brinkman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christine Vogt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H Brinkman

(Address) 718 Reservoir St

15 Filed DEC 20 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 20 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned to death by fire. (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) accident

(Duration) yrs. mos. da.

(Signed) Harry L. Nigus M. D. (Coroner)

Dec 20 191 5 (Address) 536 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, Dec 22 1915

20-UNDERTAKER G. F. Walker

ADDRESS 723 Whe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C90512 C90512

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 Maternity Hospital WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Clark

(Residence in Baltimore: No. Maternity Hospital St.; 0 yrs., 0 mos. 2 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, Black | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, 12 (Month) 16 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 11 hrs. or 15 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Lloyd Clarke

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Jennie Lewis

13-BIRTHPLACE OF MOTHER (State or Country), N. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- FILED DEC 20 1915 ROBERT . KRAUTER Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-16 1915; to 12-16 1915, that I saw h alive on 1915, and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital Debility

(Duration) yrs. mos. ds.

(Signed) O. L. Kurtz M. D.

12-16, 1915 (Address) Penna. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. DATE OF BURIAL, DEC 20 1915, 191

20-UNDERTAKER Commissioner Health. ADDRESS

per. Wm. E. WOODALL

C90513

HEALTH DEPARTMENT—CITY OF BALTIMORE

175

CERTIFICATE OF DEATH.

X

C90513

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
CITY OF BALTIMORE (No. On roof of freight car of B.&O.R.R. en route through Baltimore St.) Md. (12 WARD)

REGISTERED No. C

2-FULL NAME Boleslaw Cimuchowski,

(Residence in Baltimore: No. Non-resident. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Single,

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day), ... (Year)

7-AGE, 31 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Norwich, Connecticut.

PARENTS.

10-NAME OF FATHER, Joseph Cimuchowski,

11-BIRTHPLACE OF FATHER (State or Country), Poland,

12-MAIDEN NAME OF MOTHER Annie ? ?

13-BIRTHPLACE OF MOTHER (State or Country), Poland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Burke, Undertaker,

(Address) Norwich, Connecticut.

15- Filed DEC 20 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 12th (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of skull caused by being struck by some projection whilst riding unauthorized on top of box car of B. R.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) ..... M. D.

Dec. 19, 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence Norwich, Connecticut.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Norwich Conn	Dec. 20 1915
20-UNDERTAKER Stewart Mowen Co	ADDRESS 108 W Mattes

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90514

CERTIFICATE OF DEATH.

28 C90517

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2843 W. Lafayette ST.; 16 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry N. Schlining

(Residence in Baltimore: No. 2843 W. Lafayette St. Life yrs., mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 1 (Day) 1899 (Year)

7-AGE, 16 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, William H Schlining

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary L. Kraft

13-BIRTHPLACE OF MOTHER (State or Country), Carrol County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Schlining

(Address) 2843 W. Fayette St.

15- Filed DEC 20 1915 19.. ROBERT . KRAUTHER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 14 (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1915, to Dec 19 1915, that I saw h[illegible] alive on Dec 19 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Intestines

probably 1 year

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) Chas B Parker M. D.

12-20, 1915. (Address) 2116 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	12-22, 1915

20-UNDERTAKER William Fitz

ADDRESS 502 E North Ave

C90515

HEALTH DEPARTMENT---CITY OF BALTIMORE

C90515

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C 61

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.: 19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Edwin Albrecht

(Residence in Baltimore: No. 105 S. Monroe St.; Life time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept 26 (Month) (Day), 1875 (Year)

7-AGE: 40 yrs. 2 mos. 21 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Candy Mfg
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Chas Albrecht

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs Amelia Albrecht

(Address): 105 S Monroe St

15- Filed DEC 20 1915 ROBERT . KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 17, (Day), 1915. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1915, to, Dec. 17, 1915, that I saw him alive on Dec. 17, 1915, and that death occurred, on the date stated above, at 1p. m.

The CAUSE OF DEATH* was as follows:

Cerebral meningitis

(Duration) yrs mos. 5 ds.

Contributory (SECONDARY): Cold + exposure

(Duration) yrs mos. 5 ds.

(Signed), E. A. Dickey M.D. M. D.

Dec. 17 1915 [Address] 14 N. Monroe St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos 1 ds. In the State Life yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence 105 S Monroe St

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec 20. 1915

20-UNDERTAKER: Geo A Gerbig — ADDRESS: Balto & Payson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PENCIL, WITH ONE RUBBING

C90515 C90515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Md Hosp ST., 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Myers

(Residence in Baltimore: No. 791 Mulberry St.; yrs., 1 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX fmle | 4-COLOR OR RACE, colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 18, 1911.
(Month) (Day) (Year)

7-AGE, 4 yrs. 2 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, James. Bandt

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lillie Myers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) James. Bandt.
(Address) 556 Oxford. av

15- DEC 20 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock from burns
2 to 3 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. Chesney Jeffers M. D.
(Coroner)
Dec 19, 191.5 (Address) 2421 W Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos.1...ds. In the State 4 yrs....mos....ds.

Where was disease contracted, if not at place of death?
791 N. Mulberry St

Former or usual residence 791 N. Mulberry

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery | DATE OF BURIAL, Dec 20, 1915

20-UNDERTAKER Walter Owens | ADDRESS 918 Myrtle Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C90517 Joseph C Cioeff C90517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 104 REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1117 Mc Elderry ST. 5 WARD)

2 FULL NAME Joseph Casper Cioeff

(Residence in Baltimore: No. 1117 Mc Elderry

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) ~~Married~~

6-DATE OF BIRTH, January (Month) 19th (Day), 1915 (Year)

7-AGE, ... yrs. 11 mos. ... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

PARENTS.

9-BIRTHPLACE, (State or Country). Balto, Md.

10-NAME OF FATHER. Valentine Cioeff

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Rena Arch

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rena Cioeff

(Address) 1117 Mc Elderry

15- Filed DEC 20 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 19th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Malnutrition due to
Chronic Gastro-enteritis
(Duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) Herbert Savage, M. D. (Coroner)

Dec. 19, 1915. (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Dec 20, 1915

20-UNDERTAKER Henry Wood Son — ADDRESS 1301 E Eager St.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C90513

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Lemon ST.: 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Odean Carroll

(Residence in Baltimore: No. 2 years at 821 Lemon St.; yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct 2 (Month) (Day), 1903 (Year)

7-AGE, 12 yrs. 2 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Henry Carroll

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Jennie Lewis

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Carroll

(Address) 821 Lemon St

15-

Filed DEC 20 1915 ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9th 1915, to Dec 19th 1915, that I saw her alive on Dec 9th 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Epilepsy

3 Years (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Epileptic Insanity and Exhaustion by (Duration) yrs. mos. ds.

(Signed) John T. Mangan M. D.

Dec 20, 1915. (Address) 1002 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Washington D C — DATE OF BURIAL, Dec 21, 1915

20-UNDERTAKER Geo H Hooper — ADDRESS 608 Little Rest

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90519 C90519

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Westwood ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Henry Hamp

(Residence in Baltimore: No. 3010 Westwood ave. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, August 11th, 1853 (Month) (Day) (Year)

7-AGE, 62 yrs. 4 mos. 8 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gold Gilder
(b) General nature of industry, business, or establishment in which employed (or employer): gold beater

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Jacob Hamp

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Louise Behlert

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Conrad Hamp (Son)

(Address) 3010 Westwood ave.

15- Filed DEC 20 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 19, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 5 1915, to Dec 19 1915, that I saw him alive on Dec. 19 1915, and that death occurred, on the date stated above, at 1-20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) G. W. Billups M. D.

Dec 19, 1915. (Address) 2224 N. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Bradlam Cemetery — DATE OF BURIAL: Dec. 21, 1915.

20-UNDERTAKER: Albert E. Fuller — ADDRESS: 221 N Broadway

N. B.—Every item of information should be carefully supplied. A stated EXACT ... should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

C90520

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1727 E Baltimore ST. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Benny Shub

(Residence in Baltimore: No. 1727 E Baltimore St.; 3 yrs. mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Child

6 DATE OF BIRTH: Dec 6, 1912 (Month) (Day) (Year)

7 AGE: 3 yrs. mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Aaron Shub

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Reba Segal

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Lewis

(Address) 1414 E Baltimore St

15 DEC 20 1915 (Filed) ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 20, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1915, to Dec 20 1915, that I saw him alive on Dec. 20, 1915 and that death occurred, on the date stated above, at 9 30 A.M.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Septic [illegible]

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. V. Hollyman M. D.

Dec 20, 1915 (Address) 1731 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Workmen Circle Cem DATE OF BURIAL: 12/20 1915

20 UNDERTAKER: Jack Lewis ADDRESS: 1414 E Baltimore St

2:30 P.M.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 90521 — 29 — C 90521

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Hickory Ave. St.; 13 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta E. McCauley

(Residence in Baltimore: No. 3710 Hickory Ave. / St.; 35 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 7 (Day), 1854 (Year)

7-AGE, 61 yrs. 6 mos. 13 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Marsh

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER L. Jane Myers

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David E. McCauley

(Address) 3710 Hickory Ave.

15- FILED DEC 20 1915 By ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1915, to Dec 20 1915, that I saw h[illegible] alive on Dec 19 1915, and that death occurred, on the date stated above, at 5.40 A.m.

The CAUSE OF DEATH* was as follows:

Contusion of Pulmonary Edema

2 hours (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) 1 yrs. ....mos. ....ds.

(Signed) D. Atkins Carroll M. D.

Dec 20 1915. (Address) 1264a Bolton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westminster, Md. — DATE OF BURIAL, Dec 22, 1915.

20-UNDERTAKER Horace L. Burgee & Son — ADDRESS 363 Hallsboro

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90522 151 C90522

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1609 arlem ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hall

(Residence in Baltimore: No. 1609 arlem St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	single

6-DATE OF BIRTH, Dec 19, 1915
(Month) (Day) (Year)

7-AGE, None yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 23 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, William Milburn

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Victoria Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victoria Hall

(Address) 1609 Orleans St

15-

Filed DEC 20 1915 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 19, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 1915, to Dec 19 1915, that I saw ... alive on Dec 19 1915, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

5 Months

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hard work on part Mother

(Duration) ... yrs. 9 mos. ... ds.

(Signed) J. Edward Lynch M. D.

Dec 19. 1915 (Address) 1626 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem, DATE OF BURIAL, Dec 22, 1915

20-UNDERTAKER Harry F Woodey ADDRESS 1785 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

DEC 20 1915

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

C90523

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 W. Monument Street ST.; 11th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur W. Macken

(Residence in Baltimore: No. 217 West Monument Street St.; 25 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, July 20th, 1827. (Month) (Day) (Year)

7-AGE, 88 yrs. 4 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), District of Columbia

PARENTS.

10-NAME OF FATHER, Lewis H. Macken

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Caroline Webster

13-BIRTHPLACE OF MOTHER (State or Country), New Hampshire

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. W. Macken

(Address) 217 W. Monument Street

15-

Filed DEC 20 1915 191.... HARRY C ANDREWS, Current Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1st Dec. Sunday, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191....., that I saw h.. alive on December 1st 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
(Fatal symptoms lasted 10 minutes)
(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Senescentia & Old age

(Duration) yrs. mos. ds.

(Signed) Thos. W. Macken M. D.

Dec 2, 1915. (Address) 217 W. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, 12-21-1915.

20-UNDERTAKER W. W. Jenkins & Sons Co. ADDRESS Orchard & McCulloh Sts.

Spec.—5-19-13—M. & T.—500 Bks.

C90524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8

C90524

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 W. Cross St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Sec. 18.)

2-FULL NAME Edna Ida Sheldon

(Residence in Baltimore: No. 727 W. Cross St.; 1 yrs., 1 mos. 13 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 7th, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Sheldon

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Edalvise

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sheldon

(Address) 727 W. Cross.

15-

Filed DEC. 20 1915 NANNY C. ARCHER, Marital Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1. 1915, to Dec. 20 1915, that I saw h[illegible] alive on Dec 20 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Pleural Cancer.

(Duration) yrs. 1 mon. ds.

CONTRIBUTORY (Secondary) Edema Pleura

(Duration) yrs. mos. 1 ds.

(Signed) W. C. Fulmer M. D.

12-20-, 1915 (Address) 6 S. Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Dec. 21, 1915

20-UNDERTAKER Jas. Dignan & Son

ADDRESS 1006 S. Paca

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90525 C90525

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 754 W. Cross St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Snyder.

(Residence in Baltimore: No. 754 W Cross St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 3, (Day) 1915 (Year)

7-AGE, ...yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None.

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Robert Snyder

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary Chester

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Snyder

(Address) 754 W Cross

15-

Filed DEC 20 1915 191... HARRY C ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 19, (Day) 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1915, to Dec 19 1915, that I saw h[illegible] alive on Dec. 18 1915, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Enteritis Colitis

(Duration) ....yrs. 9 mos. ....ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. 5 mos. ....ds.

(Signed) W. C. Fuhrmeyer M. D.

Dec 20, 1915 (Address) 682 Columbus

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Dec 21 1915

20-UNDERTAKER Jos. Diguart Son & Sons

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90526

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90526

CERTIFICATE OF DEATH.

93

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 701 Mura ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Welby

(Residence in Baltimore: No. 701 Mura St.; 40 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 9 —, 1860
(Month) (Day) (Year)

7-AGE, 55 yrs. 6 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). day work

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER, Anthony Welby

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ann Welby

(Address) 701 Mura St.

15- Filed DEC 20 1915, 191... HARRY O. ANDRESS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 17, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1915, to Dec 17 1915

that I saw h— alive on Dec 17 1915

and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Intramural Pleurisy

Influenza

(Duration) yrs. mos. 1 W. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Bernard W. M. D.

12-20, 1915 (Address) 901 Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, Dec 21, 1915

20-UNDERTAKER W. C. Rudisill

ADDRESS 1 E Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90527 100 C90527

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N. Castle ST.: 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances M. Bach

(Residence in Baltimore: No. 211 N. Castle St.: Life yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 11 th (Month) (Day), 1884 (Year)

7-AGE, 31 yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Michael Johannes

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rosemunda Schafer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Bach

(Address) 211 N. Castle St.

15-

Filed DEC 20 1915, 191.. HARRY C ARLANDS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1915, to Dec 17" 1915, that I saw h[er] alive on Dec 17" 1915, and that death occurred, on the date stated above, at 5.50 p.m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Streptococcus Infection

(Duration) ....yrs. ....mos. 13 ds.

(Signed) Herbert Robertson M. D.

Dec 17", 1915 (Address) 712 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Dec 21st, 1915.

20-UNDERTAKER Lilly & Zeiler ADDRESS 405 S. Wolfe St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90523 C90523

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Franklin Sq. Hosp St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. E. McCullough.

(Residence in Baltimore: No. 618 N. Arlington Ave St.; 24 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1891.
(Month) (Day) (Year)

7-AGE, 24 yrs. mos. ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Salesman
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md (Balto City)

PARENTS.

10-NAME OF FATHER, Harry McCullough

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mollie Claudius

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry McCullough

(Address) 618 N. Arlington Ave

15-

DEC 20 1915

Filed ..... 191... HARRY C ARLENTS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 19, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Dec 19 1915, that I saw h[illegible]ive on Dec 19 1915; and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. E. Brown M. D.

Dec 19, 1915. (Address) Franklin Sq Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State 24 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 618 N. Arlington ave

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Dec 21st 1915

20-UNDERTAKER M. Fahey & Sons

ADDRESS 606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C90529

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90529

CERTIFICATE OF DEATH.

115

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St.; 23 WARD) REGISTERED NO. C

2-FULL NAME John W Whittington

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1105 Race St.; 35 yrs., 8 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, April 8, 1880
(Month) (Day) (Year)

7-AGE, 23 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Baltimore City

PARENTS.

10-NAME OF FATHER, Wesley Whittington

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Louise Morris

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr. E. Smallwood
(Address) University Hospital

15-
Filed DEC 20 1915, 191.... HARRY G ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 18, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1915, to Dec. 18 1915, that I saw h[illegible] alive on Dec. 18 1915, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:
Abscess of Liver
Cancer Pancreas
(Duration) ....yrs. ....mos. 27 ds.
CONTRIBUTORY (Secondary) Cardiac Enlargement
(Duration) ....yrs. ....mos. ....ds.

(Signed) Elmer E. Smallwood M. D.
Dec. 18; 1915. (Address) Mount Hope Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. 27 ds. In the State Life
Where was disease contracted, if not at place of death? 1105 Race Street
Former or usual residence 1105 Race St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Dec 20th 1915

20-UNDERTAKER George Holland ADDRESS 517 Park Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

C90530

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Frisby St.; 9 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Etchison

(Residence in Baltimore: No. 2712 Frisby St.; 74 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... August (Month) 31 (Day), 1840 (Year)

7-AGE, 75 yrs. 5 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Edward J. Etchison

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Mary A Cramer

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Kistler

(Address) 2712 Frisby St.

15-Filed DEC 20 1915, 191.. HARRY C. ANDRES, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec (Month) 19 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 1915, to Dec 19 1915, that I saw h[illegible] alive on Dec 19 1915, and that death occurred, on the date stated above, at 5 10 p.m.

The CAUSE OF DEATH* was as follows:

..... Bronchio Pneumonia

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. L. Stokes M. D.

..... 191.. (Address) 917 W. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, 12-22-1915

20-UNDERTAKER Benjamin Cook

ADDRESS 502 E Monument

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90531 66 C90531

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3021 Monticello ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen J. Ellis

(Residence in Baltimore: No. 3021 Monticello ave St.; 56 yrs., 8 mos. 15 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 4 (Month) (Day), 1859 (Year)

7-AGE, 56 yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, James McGuffin

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Caroline Krauer

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Ellis

(Address) 1516 Abbottston St.

15- Filed DEC 20 1915, 191... Harry G Andrews, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 19 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1913, to Dec 19 1915, that I saw h[illegible] alive on Dec 19 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) 7 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) yrs. mos. ds.

(Signed) H. J. Steele M. D.

Dec 20, 1915 (Address) 632 Yarmouth ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Dec 22 1915.

20-UNDERTAKER William Cook — ADDRESS 502 E North ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90532 C90532

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3035 Remington Ave ; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas A. Turner

(Residence in Baltimore: No. 3035 Remington Ave St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, March (Month) 23 (Day) 1857 (Year)

7-AGE, 63 yrs. 8 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Weaver
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton mill

9-BIRTHPLACE, (State or Country), Balto co Md

PARENTS.

10-NAME OF FATHER, Thomas A. Turner

11-BIRTHPLACE OF FATHER (State or Country), Harford co Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie Turner

(Address) 3035 Remington ave

15- DEC 20 1915 191 MARK'S ADDRESS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

Signed Harry C. Alpin (Coroner) M. D.

Dec 19, 1915 (Address) 936 W Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, DEC 21 19....

20-UNDERTAKER Wm Cook

ADDRESS 502 Northern

Spec.—8-24-14—M. & T.—2000 Bks.

C90533

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C90533

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Monlpelier ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Hammerle

(Residence in Baltimore: No. 1424 Monlpelier St.; 15 yrs., ... mos. ..... da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH, January 1st. (Month) (Day), 1850 (Year)

7-AGE, 64 yrs. 11 mos. 19 da. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brass panels
(b) General nature of industry, business, or establishment in which employed (or employer): Self.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Martin Hammerle

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Hammerle

(Address) 1424 Monlpelier St

15- Filed DEC 20 1915, 191.... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 15 1915, to December 20 1915, that I saw h.. alive on December 18 1915, and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

Lobular both lungs

(Duration) ..... yrs. ..... mos. 2 da.

CONTRIBUTORY (Secondary) Exhaustion & Colds

(Duration) ..... yrs. ..... mos. 2 da.

(Signed) H. Grant Whittington M. D.

Dec. 20, 1915. (Address) 1116 Eutaw Pl. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Com	Dec. 22, 1915.
20-UNDERTAKER	**ADDRESS**
William Cook	502 E. Northern

C90534 C90534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hosp. ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Frederick R Schneider

(Residence in Baltimore: No. 2405 E Monument St. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 20th (Day), 1873 (Year)

7-AGE, 42 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Shoe Worker
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frederick Schneider

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Caroline Matt

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Matt

(Address) 2405 E Monument St

15- HARRY J. ANDREAS, Burial Permit Clerk

Filed DEC 20 1915 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock due to operation Fracture of Left Femur

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration).....yrs.....mos.....ds.

(Signed) C. Christian Miller M. D.
(Coroner.)

Dec 17th, 1915. (Address) 1516 N. Milton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 4 mos. 2 ds. In the State 42 yrs. 6 mos. 15 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Country	Dec 20th, 1915

20-UNDERTAKER	ADDRESS
W. C. Christian Miller	223 Jefferson St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C90533

HEALTH DEPARTMENT—CITY OF BALTIMORE

167

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2428 Ellamont avenue, ST. 15 WARD)

REGISTERED No. C 90533

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Haviland Duvall,

(Residence in Baltimore: No. 2428 Ellamont avenue, St.; 1 yrs., 4 mos. 19 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Single,

6-DATE OF BIRTH. July (Month) 31st (Day), 1914. (Year)

7-AGE. 1 yrs. 4 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Edward M. Duvall,

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Avie V. Disney,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward M. Duvall, father,

(Address) 2428 Ellamont avenue.

15- Filed DEC 20 1915, 191.. NANCY C. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. December (Month) 19th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock resulting from a pail of hot water accidentally upset over her.

(Duration) ..yrs. ..mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) Frederick Wimpel M. D.
(Coroner.)

Dec. 20th 191 5 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Green Mount Cem.	Dec 21, 19 15
CO-UNDERTAKER Jos D Cook	ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90536

CERTIFICATE OF DEATH.

91 C90536

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 E. 21st St. ; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Frances Allard

(Residence in Baltimore: No. 711 E. 21st St. ; Lifetime

yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. April 15 (Month) (Day), 1856 (Year)

7-AGE. 59 yrs. 8 mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Allard.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Laura Smallwood

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Allard

(Address) 3021 Cenna Ave.

15- Filed DEC 20 1915, 191... MARY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1915, to Dec 15 1915, that I saw h[illegible] alive on Dec 15 1915, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Coma & Exhaustion

(Duration) ... yrs. ... mos. 1 ds.

(Signed) L. W. Rotman M. D.

Dec 15 1915. (Address) 726 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem. DATE OF BURIAL. 12/21, 1915

20-UNDERTAKER Chas. T. Coane & Son ADDRESS 1181 W. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90537

CERTIFICATE OF DEATH.

92 C90537

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 E. Monument St. ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Kirby.

(Residence in Baltimore: No. 2023 E. Monument St. St.: Life yrs., 6 mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Widower

6-DATE OF BIRTH, May 17th. 184[illegible], (Month) (Day) 1841 (Year)

7-AGE, 74 yrs. 7 mos. 3 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): at Public School

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Patrick Kirby.

11-BIRTHPLACE OF FATHER (State or Courtry), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edmund Evans.

(Address) 2023 E. Monument St.

15- Filed DEC 20 1915, 191...K... HARRY J. ANDREWS Registrar. HARRY J. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 20th. 1915., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15th 1915, to Dec 20th 1915, that I saw h[illegible] alive on Dec 19th 1915, and that death occurred, on the date stated above, at 4[illegible] a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia right Side

(Duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) [illegible] yrs. mos. da.

(Signed) Edmund Burnell M. D.

Dec 24, 191.6 (Address) 218 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery. DATE OF BURIAL, 12/22..., 191...

120-UNDERTAKER Chas F. Evans & Son. ADDRESS 118 W. MT. Royal

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90533

CERTIFICATE OF DEATH.

63

C90533

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2618 Guilford Ave., St.; 12 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Levy

(Residence in Baltimore: No. 2618 Guilford Ave. St.; lifetime, yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White,	Married,

6-DATE OF BIRTH, Aug. (Month) 18th. (Day), 1882. (Year)

7-AGE, 33 yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.,

PARENTS.

10-NAME OF FATHER, Morris Bernstein,

11-BIRTHPLACE OF FATHER (State or Country), Poland,

12-MAIDEN NAME OF MOTHER Mollie Gordon,

13-BIRTHPLACE OF MOTHER (State or Country), Poland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) J.R.Bernstein,
(Address) 3831 Park Heights Ave.,

15-
Filed DEC 20 1915, 191.... MARY C ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1915, to Dec 19 1915, that I saw her alive on Dec 19 1915, and that death occurred, on the date stated above, at 5.50 P.M.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis

6 months

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Genral Paralysis Exhaustion

(Duration) 3 mos.

(Signed) Harry M Bailey M. D.

Dec 19, 1915. (Address) 1121 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cheb. Shalom, (Gw	Dec. 21st, 1915
20-UNDERTAKER	ADDRESS
Howard Sondheim	1121 N Wolfe St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90539 — 82 — (90539)

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 932 Burgundy ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~John~~ Conrad Thomas

(Residence in Baltimore: No. 932 Burgundy St.; yrs., life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 58 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Robt Brooks

(Address): 17 S. Calhoun St

15-DEC 21 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Dietzen M. D. (Coroner.)

Dec 19, 1915. (Address) 212 W. Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltic Cemetery — DATE OF BURIAL, Dec 21, 1915

20-UNDERTAKER Robert Brookes — ADDRESS 17 S Calhoun St

Spec.—8-24-14—M. & T.—2000 Blks.

8 C90540

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C90540

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N Durham ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Smith

(Residence in Baltimore: No. 717 N Durham St.; Life yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOW(ER) OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, unknown (Month), 1 (Day), (Year)

7-AGE, 79 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Laundress at Home

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Chas. Campen

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Anna Campen

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Everett

(Address) 717 N Durham St

15-
Filed DEC 21 1915, 191... ROBERT KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1915, to Dec 18 1915, that I saw h[illegible] alive on Dec 17 1915, and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH* was as follows:

X Lobar Pneumonia

3 days (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis, Heart Failure

3 days (Duration) yrs. mos. 3 ds.

(Signed) J. Edward Jenkins M. D.

Dec 19 1915 (Address) 1617 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, Dec 21, 1915

20-UNDERTAKER C & Groll Mc Elderry 1405 — ADDRESS

C90541

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C90541

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1107 S. Potomac ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Hasse

(Residence in Baltimore: No. 1107 S. Potomac St.: 35 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan (Month) 22 (Day), 1848 (Year)

7-AGE: 67 yrs. 10 mos. 27 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House.

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Wilhelm Hasse

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bertha Hasse

(Address) 1107 S. Potomac St

15- DEC 21 1915 — ROBERT . BRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 19 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1915, to Dec 19 1915, that I saw h[illegible] alive on Dec 19, 1915, and that death occurred, on the date stated above, at 12 F m.

The CAUSE OF DEATH* was as follows:

1st Cerebral Hemorrhage
(Hemiplegia)

(Duration) yrs. 11 mos. ds

Contributory (SECONDARY): Oedema of Lungs

(Duration) yrs. mos. 3 ds.

(Signed) M. J. McAvoy M. D.

Dec 20, 1915 (Address) 839 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: 1st Evangelical Cem — DATE OF BURIAL: Dec 22nd 1915

20-UNDERTAKER: H. Sander Sons — ADDRESS: 1710 Aisquith St

C90542

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90542 20542

CERTIFICATE OF DEATH.

17 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. S. Grinder Hall { Wolfe St.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Jones also known as Richard Thomas

(Residence in Baltimore: No. 810 E. Broadway St.: yrs., not known mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) Not Known (Day), 1 (Year)

7-AGE, About 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Not Known

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Moll

(Address) 1710 Fleet St.

15- FILED DEC 21 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... December (Month) 10th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fell down Shaft - Accidental

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Homeward Skull

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) David W. Jones M. D. (Coroner.)

Dec 20th 1915 (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). In the

At place of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Plymouth Luzerne Co Pa

DATE OF BURIAL, Dec. 21, 1915

20-UNDERTAKER H. Sander Sons

ADDRESS 1710 Fleet St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90543

1-PLACE OF DEATH

CERTIFICATE OF DEATH

15 C90543

REGISTERED No. C

CITY OF BALTIMORE (No. 218 S. Eden St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 14.)

2-FULL NAME Adam Just

(Residence in Baltimore: No. 218 S. Eden St.: yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Infant

6-DATE OF BIRTH Dec. 20, 1915
(Month) (Day) (Year)

7-AGE yrs. mos. 2 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE (State or country) Balto. Maryland

PARENTS

10-NAME OF FATHER John Just

11-BIRTHPLACE OF FATHER (State or country) Poland

12-MAIDEN NAME OF MOTHER Tsatkovska

13-BIRTHPLACE OF MOTHER (State or country) Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ~~Ad~~ John Just

(Address) 218 S. Eden St.

15 DEC 21 1915 Filed, 191

ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec. 20, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1915, to Dec. 20 1915 that I saw h*im* alive on Dec. 18, 1915 and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Inanition

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Asthenia feeding

(Duration) yrs. mos. ds.

(Signed) Herman Seidel M. D.

Dec. 20, 1915 (Address) 1523 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Dec 21, 1915
20-UNDERTAKER Jacob Tsatkowski	ADDRESS 728 S. Bond St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90544

C90544

151 C90544

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Fountain ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Erick McEord.

(Residence in Baltimore: No. 2000 Fountain St.; ..... yrs., 7/12 mos. ..... da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 13th (Month) (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. 8 da. If LESS than 1 day, ... hrs. or ..... mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William H. McEord

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Teresa Reynolds

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. McEord

(Address) 2000 Fountain St.

15- Filed DEC 21 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 20, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17 191 5, to Dec 20 191 5, that I saw h— alive on Dec 20 191 5, and that death occurred, on the date stated above, at 4:45 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Weakness

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Pertussis Bath

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) ..... M. D.

Dec 21, 1915. (Address) 16 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Carmel	Dec. 22, 1915.
20-UNDERTAKER Lilly & Zeller	ADDRESS 409 S. Mt St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 90545

64 90545 C90545

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1923 W. Fayette ST.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Apy

(Residence in Baltimore: No. 1923. W. Fayette St.; 70 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-[illegible], MARRIED, WIDOWED, or DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. Not Known 1 (Month) (Day) (Year)

7-AGE, 86 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, J. Meyer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm Lemmerman

(Address) 1923 W Fayette St.

15- DEC 21 1915 Filed ROBERT KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1915, to Dec 19 1915, that I saw h-d alive on Dec 18 1915, and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 23 ds.

(Signed) F. M. Tames M. D.

Dec 20, 1915. (Address) 317 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Western Cemetery DATE OF BURIAL, Dec. 21 1915

20-UNDERTAKER Geo. A. Gerber ADDRESS Baltic & Payson St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90546

CERTIFICATE OF DEATH.

120 C90546

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1416 Hanover. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Kispert

(Residence in Baltimore: No. 1416 Hanover. St.; 55 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec. (Month) 3rd (Day), 1837 (Year)

7-AGE, 78 yrs. — mos. 17 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Weber.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Olga Lahrenholz

(Address) 1496 Hanover St

15- DEC 21 1915 ROBERT . KRAUTER, Registrar.
Filed....., 191... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 20th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1915, to December 20 1915, that I saw her alive on December 20 1915, and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. 4 mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) C. H. Brueck M. D.

Dec 20, 1915. (Address) 1315 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Dec. 23rd, 1915.

20-UNDERTAKER, Mrs. Mrs John H. Teufel — ADDRESS 801 W. Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. A. F. ETY

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90547. 40 C90547

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Russell ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Miller

(Residence in Baltimore: No. 1012 Russell St.: 61 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, July 30, (Month) (Day) 1851 (Year)

7-AGE, 64 yrs. 4 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Box Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Philip Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Margaret Deering

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Arthur Stange

(Address) 1012 Russell St.

15- Filed DEC 21 1915 ROBERT J. BRADNER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 20, (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1915, to Dec. 20, 1915, that I saw h[illegible]alive on Dec 18, 1915, and that death occurred, on the date stated above, at 3.4 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Clinical

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) J. E. Lineaweaver M. D.

Dec 20, 1915. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, Dec 22nd., 1915.

20-UNDERTAKER Mrs Mrs Jno. N. Tengel

ADDRESS 831 N. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

C90548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 C90548

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1923 N. Patterson Park ave ST.) 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Garvey

(Residence in Baltimore: No. 1923 N. Patterson Park ave. St.; yrs., unknown mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 13th (Day), 1859 (Year)

7-AGE, 56 yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Street Car
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Garvey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Gleason

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Margaret Garvey

(Address) 1923 N. Patterson Pk. Ave.

15- Filed DEC 21 1915, 191.. ROBERT KRAUTER, Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull (Accident)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Fall from Car Platform

(Duration) ....yrs....mos....ds.

(Signed) Arthur L. Manuel M. D. (Coroner.)

Dec 17, 1915. (Address) 1 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross. DATE OF BURIAL, Dec. 23, 1915

20-UNDERTAKER McLean-Jones ADDRESS 833 Linden Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH CERTIFICATE OF BURIAL

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90549

CERTIFICATE OF DEATH.

28 C90549

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Peters

(Residence in Baltimore: No. 546 St. Mary St. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Nov 15, 1881
(Month) (Day) (Year)

7-AGE, 34 yrs. 1 mos. 3 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Elis Peters

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elis Fenwick

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rector Mercy Hospital

(Address) Baltimore Md.

15- Filed DEC 21 1915, 191.. ROBERT KRAUTER, Burial Permit (Issued) Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1915, to Dec 18 1915, that I saw h.. alive on Dec 18 1915, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

1st Pneumonia

.....

.....

.....(Duration)....yrs....mos.14....ds.

CONTRIBUTORY. (Secondary) Chronic Interstitial

.....(Duration)....yrs....mos.....ds.

(Signed) Edward L. Swick M. D.

Dec 18, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos. 14 ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? 546 St Mary St.

Former or usual residence 546 St Mary St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL.	DEC 20 1915

20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

3449

George Chapple.

C90550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37

C90550

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 877 Linden Ave. St.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George Chapple

(Residence in Baltimore: No. 877 Linden Ave. St.: 1 yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: Col.

5 ~~SINGLE~~, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: Jan. 20 (Month) (Day), 1914 (Year)

7 AGE: 1 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto City Md

PARENTS

10 NAME OF FATHER: Geo. Chapple. Sr.

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ida Bell

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Chapple.

(Address) 877 Linden Ave

15 Filed DEC 21 1915 ROBERT . KRAUTER, Burial Permit [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 19 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1914 —, 191 , to. Dec 1915 191 , that I saw him alive on First part of Dec, 1915, and that death occurred, on the date stated above, at 3:40 a, m. The CAUSE OF DEATH* was as follows:

Pneumonia Lobular

(Duration) 1 yrs. 11 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) R. D. Elliott M. D.

12.20 1915 (Address) 2119 N. Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Dec 21 1915

20 UNDERTAKER: Robt H. Elliott — ADDRESS: 1619 Eager Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(90551

CERTIFICATE OF DEATH.

15

(90551

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Wagon alley St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Taylor

(Residence in Baltimore: No. 1006 Wagon Alley St.; 2 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1 (Year)

7-AGE, About 70 yrs ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): For self

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Solomon Scott

(Address) 1006 Wagon al

15 DEC 21 1915 ROBERT KRAUTER, Registrar.
Filed ....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 18 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1915, to Dec 18 1915, that I saw h er alive on Dec 18 th 1915, and that death occurred, on the date stated above, at 1150 p m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) C. B. Custer M. D.

12-19., 1915. (Address) Arlington Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL, Dec 21 1915

20-UNDERTAKER: Alfred J. Freeland ADDRESS 1415 Schroeder

C90552

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C90552

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 847 1/2 Boyd ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Scott

(Residence in Baltimore: No. 847 1/2 Boyd St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown / (Month) (Day) (Year)

7-AGE: 60 yrs. — mos. — ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE (State or country): Md Balto

PARENTS

10-NAME OF FATHER: Thomas Green

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Solomon Scott

(Address) 888 Booth St

15 DEC 21 1915 Filed .191 ROBERT . KRAUTER, Burial Permit (illegible) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 19 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27, 1915, to, Dec 19 1915, that I saw h[illegible] alive on Dec 18 1915, and that death occurred, on the date stated above, at 2A m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

(Duration) yrs 10? mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), H. D. McCard M. D.

12/19, 1915 [Address] 2005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Dec 22, 1915

20-UNDERTAKER: Alfred J. Rowland

ADDRESS: 1145 Monroe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 9055:3 — 10 C 9055:3

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1504 N. Caroline ST.; 9 WARD) REGISTERED NO. C

2-FULL NAME Mary Elizabeth Mitchell

(Residence in Baltimore: No. 1504 N. Caroline St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 42 yrs., — mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 13th, 1873.
(Month) (Day) (Year)

7-AGE, 42 yrs. — mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Public Schools

9-BIRTHPLACE, (State or Country) Baltimore City.

PARENTS.

10-NAME OF FATHER, John R. Mitchell

11-BIRTHPLACE OF FATHER (State or Country). Baltimore City

12-MAIDEN NAME OF MOTHER, Elizabeth A. Schaffer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James R. Mitchell

(Address) Lansdowne P.O. Balto. Co.

15- DEC 21 1915 ROBERT . KRAUTER,
Filed....., 191.. Burial Permit ...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1915, to Dec. 15, 1915, that I saw h[er] alive on " " 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

La Grippe Bronchitis & Neuralgia

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Embolism

(Duration) Hrs. 5 mos. ds.

(Signed) H. A. Hartman M. D.

Dec 20, 1915 (Address) 1121 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Dec 21, 1915

20-UNDERTAKER Jno. B. Spence — ADDRESS 1320 N. Caroline St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90554 — 167 — 90554

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST.: 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Bertha Spivack

(Residence in Baltimore: No. 16 N Eden St. St.: 3 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: (Month) (Day) (Year)

7 AGE: 3 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Solomon Spivack

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Ida Finel

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. Spivack

(Address) 16 N Eden st.

15 Filed DEC 21 1915 191 ROBERT . KRAUTER REGISTRAR
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 6, 191 5, to Dec 20 191 5, that I saw h c alive on Dec 20, 191 5, and that death occurred, on the date stated above, at 7.20 P. m.
The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY) Accidental Burns while playing with Matches (Duration) yrs. mos. 14 ds.

(Signed) M. B. Levin M. D.

Dec. 20, 1915 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death No yrs. — mos. 14 ds. In the State 3 yrs. mos. ds.

Where was disease contracted, if not at place of death? 16 N Eden St.

Former or usual residence 16 N Eden St.

19 PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL: Dec 21, 191 5

20 UNDERTAKER: A. Levinson & Bro — ADDRESS 1107 E Balto St

C90555

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 C90555

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 22 W. Lafayette Ave ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Solomon Taylor

(Residence in Baltimore: No. 22 W. Lafayette Ave St.: 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: November, 1 (Month) (Day) (Year)

7 AGE: 37 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Md Steel Co.

9 BIRTHPLACE (State or country): Va.

PARENTS

10 NAME OF FATHER: Solomon Taylor

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Va.

14 I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

his
Per X Cross (Informant)
Mark Cora Taylor

(Address) 22 W Lafayette Ave

15. DEC 21 1915 ROBERT . KRAUTER
Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 19 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1915, to Dec 19 1915, that I saw h--- alive on Dec 18, 1915, and that death occurred, on the date stated above, at 4 45 P.M.
The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(Duration) yrs. mos. 6 wks. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), D. D. Dorsey M. D.

Dec 17, 1915 (Address) 1823 E Pratt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: MA Cemetery Cem. | DATE OF BURIAL: Dec 21, 1915

20 UNDERTAKER: Felix B. Pye | ADDRESS: 1016 Mulberry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90556

CERTIFICATE OF DEATH.

120 C90556

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Riggs Ave St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew R. Adams

(Residence in Baltimore: No. 1514 Riggs Ave St.: 45 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 1st (Month) (Day) 1861

7-AGE, 54 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Express Business
(b) General nature of industry, business, or establishment in which employed (or employer): Proprietor

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER, John Adams

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Susie Davis

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cinderella Adams

(Address) 1514 Riggs Ave

15- DEC 21 1915 ROBERT J. KRAUTER, Filed ....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 19th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9th 1915, to Dec 19th 1915, that I saw h[illegible] alive on Dec 18th 1915, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. C. Faith M. D.

Dec 20, 1915. (Address) 1317 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Dec 23, 1915

20-UNDERTAKER R. L. Parham — ADDRESS 830 Green St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90557 — CERTIFICATE OF DEATH. — 151 C90557

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3423 Ceda av ST.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Buty Garrison

(Residence in Baltimore: No. 3423 Cedar av St.; \ yrs., \ mos., \ ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. ..... Dec (Month) 19 (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. — If LESS than 1 day, ... hrs. or 55 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jas. J. Garrison

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Carrie B Shipley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Wm. Sidney Kraus M.D.

(Address) 3843 Park Ave

15- Filed DEC 21 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1915, to Dec 19 1915, that I saw him alive on Dec 19 1915, and that death occurred, on the date stated above, at 55 m.

The CAUSE OF DEATH* was as follows:

Cause unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Dec 19, 1915. (Address) 3843 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	DEC 21 1915 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

PHOTO. WM. E. WOODALL

562

C90558

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C90558

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 417 N Hamburg St ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jackson

(Residence in Baltimore: No. 417 NcHamburg St St.: 1 yrs., 5 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... May ..... 22 ....., 1914.
(Month) (Day) (Year)

7-AGE, ... 1 ..... yrs. ..... 5 ..... mos. ..... 28 ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),
Balto Md

PARENTS.

10-NAME OF FATHER, William Jackson

11-BIRTHPLACE OF FATHER (State or Country), Deleware

12-MAIDEN NAME OF MOTHER Irine Wright

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Florance Bayer .....

(Address)..... 1149 Briscoe St .....

15-
Filed DEC 21 1915 191.... ROBERT . KRAUTER Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec ..... 19 ....., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.) find that said deceased came to ... his death on the day stated above.
The CAUSE OF DEATH* was as follows:

..... Gastritis - Alcoholic .....

..... Unknown .....
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Exhaustion .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Edw Meade ..... M. D.
(Coroner.)

Dec 21, 1915 (Address) 617 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Dec 22 1915
20-UNDERTAKER	ADDRESS
John H Toadvine	W Hill St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90559

CERTIFICATE OF DEATH.

92 C90559

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Simms

(Residence in Baltimore: No. 2333 ~~Dur~~ Division St.; abt 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dont Known (Month) (Day), 1859 (Year)

7-AGE, abt 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marianne D. Simms

(Address) 2333 Division St

15- Filed DEC 21 1915 By ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1915, to Dec 19 1915, that I saw h[illegible]alive on Dec 19 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Central Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Mark Debility

(Duration) yrs. 2 mos. ds.

(Signed) P. F. Gaughan M. D.

Dec 19, 1915. (Address) 235 N. Bulto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. 10 mos. 2 ds. In the State abt 60 yrs. mos. ds.

Where was disease contracted, if not at place of death? Union street

Former or usual residence 2333 Division St

19-PLACE OF BURIAL OR REMOVAL, Loud Cmty — DATE OF BURIAL, Dec 21, 1915

20-UNDERTAKER John H. Owens — ADDRESS 1220 Druid

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90560 HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C90560

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Park ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas R. Jones

(Residence in Baltimore: No. 905 Park ave St.; 5 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: Black

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Dont Know exactly (Month) (Day) 1 (Year)

7-AGE: about 34 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Horse mfr
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Wm Rice

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Sophia Spriggs

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Jones

(Address) 905 Park ave

15- DEC 21 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 19 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jun, 1915, to, Dec 19 1915; that I saw h.. alive on Dec 9-19 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach
(Clinical diagnosis)

(Duration) 6 mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed), W K Forsuch M. D.

Dec 20 1915. [Address] 117 N Saratoga St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence Baltimore Md

19-PLACE OF BURIAL OR REMOVAL: Cabart Co Md

DATE OF BURIAL: 12/21 1915

20-UNDERTAKER: Samuel J Hensley

ADDRESS: 578 Biddle

C90561

HEALTH DEPARTMENT---CITY OF BALTIMORE 79 C90561

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No Marine Hospital St. 17 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua J Welsh

(Residence in Baltimore: No. Marine Hospital St.; yrs. mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) / (Day) / (Year)

7-AGE: 49 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Calvert Co. Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. V. Zeigler

(Address) Marine Hospital

15- Filed DEC 21 1915 ROBERT F. KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 20 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9, 1915, to, Dec 20 1915, that I saw him alive on Dec 20 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(Duration) 7 yrs. mos. ds.

Contributory (SECONDARY): Nephritis, Chronic

(Duration) yrs. 10 mos. ds.

(Signed), H. R. Carter M. D.

Dec 20, 1915. [Address] Marine Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence: Calvert Co. Md

19-PLACE OF BURIAL OR REMOVAL: Parkers Narf Md — DATE OF BURIAL: Dec 21, 1915

20-UNDERTAKER: Chenoweth & Son — ADDRESS: Charles St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Corrine Moore

C30562

HEALTH DEPARTMENT—CITY OF BALTIMORE

C30562

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 214 N. Bruce ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Corrine Moore

(Residence in Baltimore: No. 214 N. Bruce St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: June 9, 1914. (Month) (Day) (Year)

7-AGE: 1 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md. Balto

PARENTS.

10-NAME OF FATHER: Hyson Moore

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Carrie Brawner

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Moore

(Address) 214 N. Bruce St.

15- Filed DEC 21 1915 ROBERT . KRAUTER, Registrar. No. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec. 18th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) Sam'l Hunter (Coroner.) M. D.

Dec. 19th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Brandy Wine Prince Geo Co

DATE OF BURIAL, Dec 22 1915

20-UNDERTAKER: Hilbert Brown.

ADDRESS 306 or Mount St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH CARBON PAPER.

Spec.—8-24-14—M. & T.—2000 Bks.

C90563

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90563

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 W. Lanvale ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lenette C. Kipp

(Residence in Baltimore: No. 1007 W. Lanvale St.; 72 yrs., 8 mos. 28 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, March 20, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 8 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Herman Broening

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Emmette

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. L. E. Kipp

(Address) 1007 W. Lanvale St.

15- Filed DEC. 21 1915 ROBERT . KRAUTHER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 18, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 21 1915, to Dec. 18 1915, that I saw her alive on Dec. 18 1915, and that death occurred, on the date stated above, at 2.45 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

Acute Endocarditis

(Duration) ....yrs. ....mos. 29 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. K. Davis M. D.

Dec. 19, 1915. (Address) 920 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL, Dec. 21/1915

20-UNDERTAKER: Wm. J. Ickes & Son ADDRESS Mt. Royal & Penna

Spec.—5-13-13—M. & T.—500 Bks.

C30564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C30564

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Adams ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary K Johnston

(Residence in Baltimore: No. 8 Adams St.; 31 yrs., 1 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 22, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. 1 mos. 28 ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Albert Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Johnston

(Address) 8 Adams St

15- Filed DEC 21 1915 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1915, to Dec. 20 1915, that I saw h— alive on Dec. 19 1915, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 3 ds.

(Signed) E. V. Cavalcante M. D.

Dec 21, 1915. (Address) 741 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec 22, 1915

20-UNDERTAKER William Cook — ADDRESS 502 E North

N. B.—Every item of information should be carefully supplied. ACCURACY in the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90565

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90565

79

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1331 Bolton St ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joanna Douglas Coulter

(Residence in Baltimore: No. 1331 Bolton St St.; 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, August (Month) 3rd (Day), 1839. (Year)

7-AGE, 76 yrs. 4 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cat. home.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Georgia.

PARENTS.

10-NAME OF FATHER, John Douglas.

11-BIRTHPLACE OF FATHER (State or Country), Georgia.

12-MAIDEN NAME OF MOTHER Rebecca Moseley.

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Coulter

(Address) 1331 Bolton St.

15- Filed DEC 21 1915 ROBERT . KRAUTER, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1913, to Dec. 19 1915, that I saw h[illegible] alive on Dec. 19 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

..... (Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Manus Langsby M. D.

Dec. 20, 1915. (Address) 214 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Dec. 22, 1915.

20-UNDERTAKER Henry W. Jenkins Sons

ADDRESS 1 Orchard St.

I. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90566

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90566

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 Edmondson Ave 16 ST.; WARD)

REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Maria Leard

(Residence in Baltimore: No. 1928 Edmondson St.; 58 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 23, 1857 (Month) (Day) (Year)

7-AGE, 58 yrs. 2 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City - Balto

PARENTS.

10-NAME OF FATHER, Jno J Roberts

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah N James

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Shand

(Address) 1928 Edmondson Ave

15- Filed DEC 21 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12, 1915, to Dec 19, 1915, that I saw her alive on Dec 18 1915, and that death occurred, on the date stated above, at 2:00 p.m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 5 ds.

(Signed) M. Maurice E. Shannon, M. D.

Dec 20, 1915. (Address) 5 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Park Cem — DATE OF BURIAL, Dec 22 1915

20-UNDERTAKER W. F. Tickner Son — ADDRESS Norman

Dr Shannon

HEALTH DEPARTMENT—CITY OF BALTIMORE

167

C90567 **CERTIFICATE OF DEATH.** X C90567

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Maryland General Hospital, St. Linlen Ave.& Madison st. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel J. McCarlell,

(Residence in Baltimore: No. Non-resident, St.: yrs., mos. 4 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE. White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH. February ? ?, 1870.
(Month) (Day) (Year)

7-AGE. 45 yrs. 10 mos. ? ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland,

PARENTS.

10-NAME OF FATHER. Thomas McCardell,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country). Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John McCarlell, son.

(Address) 203 East F street Sp. Pt.

15- Filed DEC 21 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 20th 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burn of the third degree caused by having burning oil accidentally caste over him (Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Wempel M. D.
(Coroner.)

Dec. 20, 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death.....yrs.....mos. 4 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?
Sparrows point, Baltimore, County.

Former or usual residence Ditto.

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. DATE OF BURIAL. Dec 23 1915

20-UNDERTAKER John J. Conway & Son ADDRESS 901 Hollins st

C90568

DEC 21 1915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

C90568

DEC 21 1915

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 841 Park Avenue, ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse Fearson Ely,

(Residence in Baltimore: No. 841 Park Avenue, St.; ~ yrs., ~ mos. ~ ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Widowed,

6-DATE OF BIRTH, August (Month) 29th (Day), 1836. (Year)

7-AGE, 79 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer): Broker,

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Rev. Judah Ely,

11-BIRTHPLACE OF FATHER (State or Country). Connecticut,

12-MAIDEN NAME OF MOTHER Hannah Fearson,

13-BIRTHPLACE OF MOTHER (State or Country). Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Celeste Ely, daughter,

(Address) 841 Park Avenue.

15- DEC 21 1915 Filed....., 191.. NAOMI J. ANDREWS, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 20th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Sclerosis Coronary Arteries,

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis,

(Duration)..... yrs..... mos..... ds.

(Signed) F. Frederick Kempel M. D. (Coroner.)

Dec. 20th 1915. (Address) 3510 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park.	Dec. 22, 1915
20-UNDERTAKER	ADDRESS
E. M. Mitchell & Co.	1201 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90569 — 92 — C90569

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 3035 W. Westwood ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Perrine

(Residence in Baltimore: No. 3035 W. Westwood ave St.; 71 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dec 15, 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. 2 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Daniel R. Stansbury

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Ann E. Welch

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Clinton Perrine

(Address) 3035 W. Westwood ave

15-

Filed DEC 21 1915, ..., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 21, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 15 1915, to Dec 21 1915, that I saw her alive on Dec 20 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Not known

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. T. Parker M. D.

12-21, 1915. (Address) 316 W Mathews

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Park Cemetery — DATE OF BURIAL, Dec 23, 1915

20-UNDERTAKER E. M. Mitchell — ADDRESS 1100 Park Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

090570 HEALTH DEPARTMENT—CITY OF BALTIMORE 090570

CERTIFICATE OF DEATH.

REGISTERED NO. C 92/91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Fruitman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Tucker

(Residence in Baltimore: No. 1410 Fruitman St.; yrs., 2 mos. 20 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, August (Month) 1st (Day) 1913 (Year)

7-AGE, yrs. 4 mos. 20 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pittsfield Mass

PARENTS.

10-NAME OF FATHER, Travis Tucker

11-BIRTHPLACE OF FATHER (State or Country), Norfolk Va

12-MAIDEN NAME OF MOTHER Viola Pitts

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Travis Tucker

(Address) 1410 Fruitman St

15 DEC 21 1915 Filed, 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 20 1915, to Dec 20 1915, that I saw her alive on Dec 20 1915, and that death occurred, on the date stated above, at 8.20 P m.

The CAUSE OF DEATH* was as follows:

Tubular Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrh

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Dec 21st 1915 (Address) 1310 N Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, Dec 22nd, 1915

20-UNDERTAKER Barnes & Dorsett | ADDRESS Westminster

N. B.—Every item of information should be carefully supplied. Any item not known should be so stated. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90571

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C90571

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No 2127 Druid Hill Ave ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs J. Roane

(Residence in Baltimore: No. 2127 Druid Hill Ave St.: 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May 25, 1876 (Month) (Day) (Year)

7-AGE: 19 yrs. 6 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Essex Co. Va.

PARENTS

10-NAME OF FATHER: Cibon Roane

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Nowlin Banks

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nowlin Roane

(Address) 2127 Druid Hill Ave.

15. Filed DEC 21 1915 HARRY C. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 20th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/23, 1915; to 12/20 1915;
that I saw h- alive on 12/20, 1915;
and that death occurred, on the date stated above, at 3:30 p.m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Complicated with
Phthisis pulmonalis as a sequela

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 10 ds.

(Signed) Blue Cutler M. D.

12/21, 1915 (Address) 2135 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem Baltimore Md

DATE OF BURIAL: Dec 23rd 1915

20-UNDERTAKER: Samuel E. Dwyer

ADDRESS: 1364 Pierce

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

090572 HEALTH DEPARTMENT—CITY OF BALTIMORE 79

090572

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1717 Baker street, ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Burns,

(Residence in Baltimore: No. 1717 Baker street, St.; yrs., 45 mos. ~~dys.~~)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female,	White,	Widowed,

6-DATE OF BIRTH, Unknown, (Month) / (Day) / 1 (Year)

7-AGE, 70 ? yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Irelanl,

PARENTS.

10-NAME OF FATHER, Willian Curry,

11-BIRTHPLACE OF FATHER (State or Country). Ireland,

12-MAIDEN NAME OF MOTHER ? ? Hines,

13-BIRTHPLACE OF MOTHER (State or Country), Irelanl,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Burns, son,

(Address) 1717 Baker street.

15- DEC 21 1915 Filed ....., 191.... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 19th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Indiscretion in diet

Just before retiring, (Duration) ....yrs. ....mos. 1/2 hr.

(Signed) Jn Frederick Kemp M. D.
(Coroner.)

Dec. 20th 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Dec. 23, 19...

20-UNDERTAKER M. Fahey & Sons

ADDRESS 600 Lafayette Av

C90573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90573

1 PLACE OF DEATH — REGISTERED No. C 79

CITY OF BALTIMORE (No. 914 S. Elwood Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rev. Ephraim Felton

(Residence in Baltimore: No. 914 S. Elwood ave Sr.: 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Aug 24, 1854 (Month) (Day) (Year)

7 AGE: 61 yrs. 3 mos. 26 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer): Emg Little Church

9 BIRTHPLACE (State or country): Pa.

PARENTS

10 NAME OF FATHER: Jacob Felton

11 BIRTHPLACE OF FATHER (State or country): Pa

12 MAIDEN NAME OF MOTHER: Elizabeth Karns

13 BIRTHPLACE OF MOTHER (State or country): Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jane E. Felton

(Address) 914 S. Elwood Ave

15 DEC 21 1915 191 — NAME AND ADDRESS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December 20, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 8 1915, to December 20 1915, that I saw h— alive on December 19 1915, and that death occurred, on the date stated above, at 3.30 P m.
The CAUSE OF DEATH* was as follows:

Myocarditis

Person having (Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Mitral Insufficiency

(Duration) yrs. mos. ds.

(Signed) David W. Jones M. D.

Dec 21, 1915 (Address) 2116 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. | In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Gettysburg Pa | DATE OF BURIAL: Dec 21 1915

20 UNDERTAKER: H. Sanders & Sons | ADDRESS: 711 Dist Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90574

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90574

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 S. Calhoun St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Amanda Meyers

(Residence in Baltimore: No. 112 S. Calhoun St.: 29 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: May (Month) 21 (Day), 1871 (Year)

7-AGE: 44 yrs. 6 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Linen on Fancy Cases
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Howard Co. Md.

PARENTS.

10-NAME OF FATHER: Jacob William Meyers

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Rachel A. Gornell

13-BIRTHPLACE OF MOTHER (State or Country): Howard Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Wm. Meyers

(Address) 112 S. Calhoun St

15- Filed DEC 21 1915 191... MARRIED [illegible] Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 19 1915, to Dec 20 1915, that I saw her alive on Dec 20 1915, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Lynstar Dill M. D.

Dec 20, 191.5 (Address) 1733 W Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Dec 22, 191.5

20-UNDERTAKER: Jos. B. Cook

ADDRESS 1003 West Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90575 90575

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 E. Preston ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathaniel J. Crow

(Residence in Baltimore: No. 1519 E. Preston St.; 63 yrs., 1 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Sept 25, 1852 (Month) (Day) (Year)

7-AGE. 63 yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Ezekiel Crow

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Margaret Galloway

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Nathaniel J. Crow

(Address) 1519 Preston St.

15- Filed DEC 22 1915 By NORBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 19, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1915, to Dec. 19, 1915, that I saw him alive on Dec. 18, 1915, and that death occurred, on the date stated above, at 7.55 a.m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(Duration) One yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Paralysis of entire left side (Duration) — yrs. — mos. 5 0 ds.

(Signed) Edwin B. Stanby, M. D.

Dec. 20, 1915. (Address) 1223 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto Cemetery

DATE OF BURIAL. Dec 22 1915.

20-UNDERTAKER. Wm Cook

ADDRESS 502 S Wolfe St

N.B.—Every item of information should be carefully supplied. AGE should be given in YEARS. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C00576 — 10 — C00576

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1124 Shields Alley 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H Brown

(Residence in Baltimore: No. 1124 Shields Alley ~~St.~~ life yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ~~December~~, 1 (Month) (Day) (Year)

7-AGE: 40 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Fertilizing Factory

9-BIRTHPLACE (State or country): Maryland Balto

PARENTS

10-NAME OF FATHER: Harmon Brown

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Eliza Hood

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles B. Jones
(Address) 1118 W. Saratoga st

15- DEC 22 1915 (Filed) ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 21 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1915, to Dec 21 1915, that I saw h alive on Dec 21, 1915, and that death occurred, on the date stated above, at 1.15 P m.
The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. — mos. 4 ds

Contributory (SECONDARY) Possibly Uraemia

(Duration) yrs. — mos. — ds.

(Signed) John C Stewart M. D.

Dec 21, 1915 (Address) 1003 Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. — DATE OF BURIAL: Dec 24 1915

20-UNDERTAKER: Charles B Jones — ADDRESS: 1118 Saratoga st

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

A C90577

CERTIFICATE OF DEATH.

92 C90577

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 W. Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Pennington

(Residence in Baltimore: No. 925 Saratoga St.; — yrs., 5 mos. — ds.)

N. B.—Every item of information should be carefully supplied. ALL ages should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Apr 15, 1897 (Month) (Day) (Year)

7-AGE, 18 yrs. 8 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child's Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER, Henry Pennington

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lula Wallace

(Address) 925 Saratoga St

15- Filed DEC 22 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 20, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18 1915, to Dec 20 1915, that I saw her alive on Dec 20 1915, and that death occurred, on the date stated above, at 3:20 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) F C Shuck M. D.

Dec 21, 1915 (Address) 1313 W Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Dec 22 1915

20-UNDERTAKER Charles B. Jones ADDRESS 1158 W Saratoga

Spec.—5-19-13—M. & T.—500 Bks.

C90578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 C90578

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 S. Wolfe ST.; 2 WARD) REGISTERED NO. C

2-FULL NAME Anna M. Frank

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 609 S. Wolfe St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate. PHYSICIANS should state OCCUPATION is very classified. Exact statement of

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ..., May, 3, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Ernest Frank

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Jeni Lang

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Frank

(Address) 609 S. Wolfe St.

15- Filed DEC 22 1915, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 22nd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 5 1915, to Dec. 22 1915, that I saw h[illegible] alive on Dec. 22 1915, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Diptheria

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) /

(Duration) yrs. mos. ds.

(Signed) John H. Kehberger M. D.

Dec. 22, 1915 (Address) 1709 Lakeland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Dec. 23.., 1915
20-UNDERTAKER	ADDRESS
[illegible] Nov 1914	E. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90579

CERTIFICATE OF DEATH.

89 C90579

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 East at ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Balamita

(Residence in Baltimore: No. 328 East st. St.; ..yrs., 2 mos. 10 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED~~, ~~OR~~ DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct. 11, 1915 (Month) (Day) (Year)

7-AGE, ..yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Joseph Calamita

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Mary Salomea

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Balmarta

(Address) 328 Eat st.

15 DEC 22 1915 ROBERT . KRAUTER, Filed....., 191..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 21, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/13 1915, to 12/21 1915, that I saw h alive on 12/21 1915 and that death occurred, on the date stated above, at 4 00 m.

The CAUSE OF DEATH* was as follows:

acute bronchitis

(Duration)...yrs...mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos...ds.

(Signed) Chas Fenton M. D.

12/21/15, 191... (Address) 210 Pearl st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery. DATE OF BURIAL, Dec. 22, 1915.

20-UNDERTAKER George J. Ruth. ADDRESS 735 Hanford Ave.

N. B.—Every item of information should be carefully supplied. AGE, and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90580

CERTIFICATE OF DEATH.

119 C90580

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3741 Reisterstown Road ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence L. Guise, Jr.

(Residence in Baltimore: No. 3741 Reisterstown Road St.: 23 yrs., mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, December 2, 1892
(Month) (Day) (Year)

7-AGE, 23 yrs. 0 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Draftsman
(b) General nature of industry, business, or establishment in which employed (or employer): Engineers + Builders

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Clarence C. Guise

11-BIRTHPLACE OF FATHER (State or Country), Louisville, Ky

12-MAIDEN NAME OF MOTHER Fannie E. Callis

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence C. Guise Jr

(Address) 3741 Reisterstown Road

15- Filed DEC 22 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 19 1915, to Dec 20 1915, that I saw him alive on Dec 20 1915 and that death occurred, on the date stated above, at 1:20 p m.

The CAUSE OF DEATH* was as follows:

~~Uremia~~
Acute Nephritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 1 ds.

(Signed) H. Hamburger M. D.

Dec 21, 1915. (Address) 624 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Dec 23, 1915.

20-UNDERTAKER H. M. Gaither — ADDRESS 624 N. Carey St. Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILED

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90581 151 C90581

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 18 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Werner

(Residence in Baltimore: No. 837 Hollins St. St.; ....yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Dec 5, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Brango

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Anne Werner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John G. Murray M.D.
(Address).....

15- Filed DEC 22 1915 By ROBERT JOHNS KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5, 1915, to Dec 13 1915, that I saw h[illegible] alive on Dec 13 1915, and that death occurred, on the date stated above, at noon.

The CAUSE OF DEATH* was as follows:

Prematurity (8 months fetus)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Quarantine

(Duration) ....yrs. ....mos. 8 ds.

(Signed) John G. Murray M. D.

Dec 13, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. 8 ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence 837 Hollins St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
HOPKINS HOSPITAL	[illegible], 191[illegible]
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

I. B. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

K O D A K U.S.A.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90582

CERTIFICATE OF DEATH.

105 C90582

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 N. Calvert St.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Robbins Lord.

(Residence in Baltimore: No. 1700 N. Calvert St.; unknown yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 18, (Day) 1858 (Year)

7-AGE, 57 yrs. 4 mos. 3 da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wholesale Willow
(b) General nature of industry, business, or establishment in which employed (or employer): Ware merchant

9-BIRTHPLACE, (State or Country), Mass

PARENTS.

10-NAME OF FATHER, Charles W. Lord

11-BIRTHPLACE OF FATHER (State or Country) Newburyport Mass

12-MAIDEN NAME OF MOTHER Laura Bradford Robbins

13-BIRTHPLACE OF MOTHER (State or Country) E. Haddam Conn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Charles R. Lord

(Address) 1700 N. Calvert St.

15-DEC 22 1915 Filed, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 21, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20th 1915, to Dec 21st 1915, that I saw him alive on Dec 21st 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Gastro-Enteritis. Bronchial Asthma and Emphysema

(Duration) 5 yrs. mos. da.

CONTRIBUTORY (Secondary) General asthenia

(Duration) yrs. mos. da.

(Signed) William D. Haggerty M. D.

Dec 22, 191... (Address) 1700 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mountcastle Cem. DATE OF BURIAL, 12-23 1915

20-UNDERTAKER Emory W. Justice & Sons Co. ADDRESS Mt. Holly & Orchard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90583

CERTIFICATE OF DEATH.

42 C90583

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Eutaw Place ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Armstrong Levering

(Residence in Baltimore: No. 1308 Eutaw Place St.; 70 yrs., 3 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, September 4, 1845
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
70 yrs. 3 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lady
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James D. Armstrong

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Mary Elizabeth Walker

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Levering Jr.

(Address) 1308 Eutaw Place

15- DEC 22 1915 ROBERT . BRATTER,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 21st, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ——— 1910, to Dec 21st 1915, that I saw h22 alive on Dec 16th 1915, and that death occurred, on the date stated above, at 12 10 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovary
Operated on 4 times duration 9 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism (Duration) 9 yrs. — mos. 1 ds.

(Signed) Leon C. Hamburger Sr. M. D.

Dec 21st, 1915. (Address) 170 7 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	12-23 1915.

20-UNDERTAKER Henry W. Fruthus & Sons Co ADDRESS Whilloh & Orchard

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. FRACTIONS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90584

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90584

CERTIFICATE OF DEATH.

REGISTERED No. C 151

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1609 Arlington ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hall

(Residence in Baltimore: No. 1609 Arlington St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	colored	Single

6-DATE OF BIRTH. ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE. None ....yrs. ....mos. ....ds. If LESS than 1 day, 2 or 3 m ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. William Millbourne

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Victoria Hall

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant). Victoria Hall
(Address). 1609 Arlington St.

15-
Filed Dec 21 1915. Buried persons. Registrar. KOMERT · KRAUTER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1915, to Dec 19 1915, that I saw [illegible]alive on Dec 19 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows: Edema of the Glottis about 15 mon ths

Dead when born

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) U.S. Mother

(Duration) 9 mos. ....ds.

(Signed) H. Edward Dukes M. D.

Dec 21 1915. (Address) 1612 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Albury Conn. DATE OF BURIAL. Dec 22 1915

20-UNDERTAKER Harry A. Vodery ADDRESS 1727 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90585

HEALTH DEPARTMENT--CITY OF BALTIMORE

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1327 N Wheatsheaf St. Ward 15)

CERTIFICATE OF DEATH

28 C90585

REGISTERED No. C

2-FULL NAME Alfred Caulk

(Residence in Baltimore: No. 1327 N Wheatsheaf St.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male.

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 18[illegible] (Year)

7-AGE: 30 yrs. mos. ds. (If LESS than 1 day, hrs. or min.?)

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer General
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore City, Md.

PARENTS

10-NAME OF FATHER: Elias Caulk,

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Margie Hull

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elias Caulk

(Address) 1327 N Wheatsheaf St

15-
Filed DEC 22 1915
[illegible]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1915, to Dec 20 1915, that I saw him alive on Dec 20, 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary)

from personal knowledge (Duration) yrs. 7 mos. 6 ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Jno Etzaugh M. D.

Dec 21, 1915 (Address) 1141 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery DATE OF BURIAL: Dec. 24, 1915

20-UNDERTAKER: Potts & Elliott ADDRESS: 26 East St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90586

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90586

CERTIFICATE OF DEATH.

X85

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 267 Bond St. WARD) 9

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mattie V. Evans

(Residence in Baltimore: No. Hatteras Ave Bronx St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Nov 20th, 1900
(Month) (Day) (Year)

7-AGE, 15 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Robert W Evans

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lena Hays

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Evans

(Address) Hatteras Ave Bronx

15- Filed DEC 22 1915, 191.. Burial Permit Given. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage c. (Cervix Uteri)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Ca. Cervix (in situ)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward Ferguson M. D.
(Coroner)

Dec 22, 1915. (Address) N.Y.C. Manhattan

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Dec 24 1915

20-UNDERTAKER Robt O Shaw — ADDRESS 50 East 41st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90587

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90587

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C 90587

CITY OF BALTIMORE (No. 1020 Hillman St. 10 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Arnold

(Residence in Baltimore: No. 1020 Hillman St. 55 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept 15, 1860.
(Month) (Day) (Year)

7-AGE, 55 yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Mooney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [redacted]

(Address) 125 [redacted]

15- Filed DEC 22 1915, MARY C. ANDREWS, Asst. Registrar. Burial Permit Issued. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [redacted] M. D.
(Coroner.)

Dec 22nd, 1915. (Address) [redacted]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State....yrs....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Dell	Dec 23, 1915
20-UNDERTAKER	ADDRESS
H. C. Kindsfeld	1 E Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90588 — x64 — C90588

CERTIFICATE OF DEATH.

REGISTERED No. C_____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp — ST.; 3rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Sylvia Frances Fisher

(Residence in ~~Baltimore~~: No. Woman's Hospital St.; 1 yrs. — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June 11, 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. 11 mos. 10 ds. If LESS than 1 day, ____ hrs. or ____ min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Greenville, Georgia.

PARENTS.

10-NAME OF FATHER, William H. Lawson

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Harriet M. McDaniel

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence E. Bowers

(Address) Holliday & Fayette Sts, Balto

15- Filed DEC 22 1915, 191... HARRY C. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 21, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 (2.30 PM) 1915, to Dec 21 11 PM 1915, that I saw h en alive on December 21 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 1 ... ds.

CONTRIBUTORY (Secondary) Chronic nephritis Arteriosclerosis

(Duration) ... yrs. about 1 mos.

(Signed) P. K. Silvester M. D.

Dec. 21, 1915. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. 1 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Washington D.C.

19-PLACE OF BURIAL OR REMOVAL, Rock Creek, Washington D.C. DATE OF BURIAL, Dec. 23. 191...

20-UNDERTAKER George J. Smith ADDRESS 1000 Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be GIVEN EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C90589

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1191 N Carrollton Ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME John H. McKenna

(Residence in Baltimore: No. 1191 N. Carrollton Ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER, John C McKenna

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Cowell

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. H. Randolph M.D.

(Address) 1112 N. Carrollton Ave

Filed DEC 22 1915, 191.. HARRY O. ANDREWS, REGISTER.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 21st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Dec 21st 1915, that I saw her alive on Dec 21st 1915, and that death occurred, on the date stated above, at 11 45 a. m.

The CAUSE OF DEATH* was as follows:

A. Intestinal Nephritis

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. H. Randolph M. D.

12/21, 191.. (Address) 1112 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, 12-23-1915

20-UNDERTAKER Harry E Manning Son

ADDRESS 517 N Schroeder St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. The CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90590

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90590

CERTIFICATE OF DEATH.

109

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 S. Dallas ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Wiaskowski

(Residence in Baltimore: No. 426 S. Dallas St.; 39 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6-DATE OF BIRTH: Unknown, 1859 (Month) (Day) (Year)

7-AGE: 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Germany.

PARENTS.

10-NAME OF FATHER: Anthony Lasocki

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Not Knows Ks

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Jacob Wiaskowski

(Address): 424 S. Dallas St.

15- HARRY S ANDREAS,

Filed DEC 22 1915 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec. 21- (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1915, to Dec 21- 1915, that I saw h[illegible] alive on Dec. 20- 1915, and that death occurred, on the date stated above, at 1241A m.

The CAUSE OF DEATH* was as follows:

[illegible] Obstruction of Bowels

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) G. C. Radke M. D.

Dec 21, 1915. (Address) 143 N. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary

DATE OF BURIAL: Dec 23, 1915

20-UNDERTAKER: William Fiaskowski

ADDRESS: 1618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C90591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 C90591

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Annie M. Gietel

(Residence in Baltimore: No. 511 E. 27th St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White.	married.

6-DATE OF BIRTH, April (Month) 23 (Day), 1859 (Year)

7-AGE, 56 yrs. 7 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Fisher

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. T. Annuation

(Address) 511 E. 27th St.

15- Filed DEC 22 1915, 191. MARY J. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21, 1915, to Dec 22, 1915, that I saw h[illegible] alive on Dec 22 1915, and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Breast

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. L. J. Ingmon M. D.

Dec 22 1915. (Address) Maryland General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 56 yrs. 7 mos. 29 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 511 E. 27th St. Balto.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Dec 24 191 5

20-UNDERTAKER	ADDRESS
Wm. Mrs John Deutsch	801 N. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90592

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90592

CERTIFICATE OF DEATH.

182

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 W Hennetta ST. 23 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen M Craig

(Residence in Baltimore: No. 1-W. Hennetta St., 3 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Nov 5, 1888 (Month) (Day) (Year)

7-AGE: 27 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Brooklyn Anne Co Md

PARENTS.

10-NAME OF FATHER: Alexander Johnson

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Co Md

12-MAIDEN NAME OF MOTHER: Ella Talbert

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Johnson

(Address) Brooklyn Anne Co Md

15-Filed DEC 22 1915 191. Harry C Ahearn, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 20, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

Pistol shot wound in breast

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Edward Hennessey

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. L. Grant M. D. (Coroner.)

Dec 22 1915. (Address) 51 Lee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL. DATE OF BURIAL, DEC 24 1915

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 710 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C90593

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90593

CERTIFICATE OF DEATH.

x 41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys Conner Hetter

(Residence ~~in Baltimore~~: No. Maryland Gen'l Hosp. St.; ....yrs., ...mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June 20, 1846.
(Month) (Day) (Year)

7-AGE, 69 yrs. 6 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Asst Ward Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), ~~Kent Co.~~ Balto. Md.

PARENTS.

10-NAME OF FATHER, George Howard Slater.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Susanna L. Norris

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew H. Hetter

(Address) 3610 Park Heights Ave.

15- DEC 23 1915 Filed....., 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 21, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 20 1915, to Dec. 21, 1915, that I saw him alive on Dec. 21, 1915, and that death occurred, on the date stated above, at 8:35 P.m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma of the Sigmoid flexure

(Duration) 1 yrs. ....mos. ....ds.

(Signed) E. D. Shannon M. D.

Dec. 21, 1915. (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 69 yrs. 6 mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Lambill, Md.

19-PLACE OF BURIAL OR REMOVAL. Baltimore County. DATE OF BURIAL. Dec. 24, 1915.

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 120 W. Fayette.

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS filling out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90594

CERTIFICATE OF DEATH.

92 C90594

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Brookfield Ave St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Ann Boydston

(Residence in Baltimore: No. 2004 Brookfield Ave St.; 5/12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, March 26th, 1835. (Month) (Day) (Year)

7-AGE, 80 yrs. 9 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto.

PARENTS.

10-NAME OF FATHER, Robert Sherwood

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Susan Patterson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. V. L. Boyd

(Address) 2004 Brookfield Ave.

15- Filed DEC 23 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1915, to Dec 21 1915, that I saw h[illegible] alive on Dec 21 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Heart Block

(Duration) yrs. mos. ½ hr. ds.

(Signed) J M S Love M. D.

Dec 22, 1915. (Address) 836 W. Mont a

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, Dec. 23, 1915.

20-UNDERTAKER E. M. Mitchell & Co — ADDRESS 120 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90595 — 109 — C90595

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No 619 W Biddle ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leah Sample

(Residence in Baltimore: No. 619 W Biddle St.; 1 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month) (Day), 1840 (Year)

7-AGE: 75 yrs. mos. ds.

If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bertie Satchell

(Address) 619 W Biddle St

15- Filed DEC 23 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 21 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1915, to, Dec 21 1915, that I saw h Er alive on Dec 20 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia (Duration) yrs mos 3 ds

Contributory (SECONDARY) Constipation (Duration) yrs mos ds

(Signed) H. S. McCard M. D.

12/22 1915 [Address] 2005 Druid

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Harlestown Accomac Co Va — DATE OF BURIAL 12/23 1915

20-UNDERTAKER: Samuel F Handley — ADDRESS 578 W Biddle

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90596

CERTIFICATE OF DEATH.

92C90596

1-PLACE OF DEATH W.

CITY OF BALTIMORE: (No. 542 Mulberry ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Williams

(Residence in Baltimore: No. 542 Mulberry St St.; Life yrs. mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 18[illegible] (Year)

7-AGE, 41 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph McKeever

(Address) 542 W. Mulberry St

15- Filed DEC. 23 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 21st, 1915. (Month) 21 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17th 1915, to Dec 21st 1915, that I saw h imalive on Dec 20th 1915, and that death occurred, on the date stated above, at 2.45 Am.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Gustav Goldman M. D.

12/22/15 191... (Address) 656 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 12/23, 191...

20-UNDERTAKER Samuel T. Hemsley — ADDRESS 57 N. Eddie

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90597

CERTIFICATE OF DEATH.

94 C90597

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Hollins ST.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Micheal Distiller

(Residence in Baltimore: No. 1001 Hollins St. St.; 5 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1849 (Year)

7-AGE, 66 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Calmen Distiller

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Eva Distiller

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Balto St

15- Filed DEC 23 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 23rd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 15. 1915, to Dec. 22 1915, that I saw h[im] alive on Dec. 22 1915, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Senility, Hypostatic Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. C. Reed M. D.

12-23-15, 1915. (Address) 116 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel Cem. DATE OF BURIAL, Dec 23, 1915

20-UNDERTAKER, Jack Lewis ADDRESS 1419 E Balto

Spec.—5-19-13—M. & T.—500 Bks.

C90593

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 C90598

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 877 Clifford St; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Blackburn

(Residence in Baltimore: No. 877 Clifford St. St., 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Black

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widower

6-DATE OF BIRTH, Nov. (Month) 22 (Day) 1863 (Year)

7-AGE, 52 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cement
(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

9-BIRTHPLACE, (State or Country), Balto Co Md.

PARENTS.

10-NAME OF FATHER, Robert Blackburn

11-BIRTHPLACE OF FATHER (State or Country), Essex Co Va

12-MAIDEN NAME OF MOTHER Martha Farmer

13-BIRTHPLACE OF MOTHER (State or Country), Middlesex Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Mills

(Address) 877 Clifford St.

15-
DEC 23 1915 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 21 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1 1915, to Dec 21 1915, that I saw him alive on Dec 21 191-, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthma & Pleurisy

(Duration) several yrs. mos. ds.

(Signed) Lapsley Dunn M. D.

12/23/15 191... (Address) 727 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Dec 23, 1915

20-UNDERTAKER James H Dunn — ADDRESS 703 Hoffman

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN'S opinion that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90599

CERTIFICATE OF DEATH.

120 C90599

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2218 Preston Place St.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Cernohorsky

(Residence in Baltimore: No. 2218 Preston Place St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Not Known (Month) (Day), 1 (Year)

7-AGE, 52 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Bohemia

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Emma B. Garos
(Address) 2218 Preston Pl

15-
Filed DEC 23 1915 ROBERT . KRAUTER, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 21, (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 17th 1915, to Dec. 21, 1915, that I saw h.er alive on Dec. 21, 1915, and that death occurred, on the date stated above, at 1915 A m.

The CAUSE OF DEATH* was as follows:

1. Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ds.

(Signed) Emil Novak M. D.

Dec. 22, 1915. (Address) 823 N Paulsmith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oak Hill
DATE OF BURIAL, Dec. 24, 1915.

20-UNDERTAKER Frank Trockenbrod
ADDRESS Wm. Lech Sons & Co.

N.B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 Harvey St ST.; 24 WARD) 150 REGISTERED No. C 90600

2-FULL NAME Geo. Penn

(Residence in Baltimore: No. 654 Harvey St St.; 9/12 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, Dec 23, 1914 (Month) (Day) (Year)

7-AGE, yrs. mos. ds. If LESS than 1 day, 0 hrs. or 15 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country). Md. Balto.

PARENTS.

10-NAME OF FATHER, Walter Penn

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Francis Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Penn

(Address) 645 Harvey St

15- Filed DEC 23 1915 ROBERT . KRAUTER, Registrar. No. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 23 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 191 5, to Dec 23 191 5, that I saw him alive on dec 23 191 5, and that death occurred, on the date stated above, at 3. 40 m.

The CAUSE OF DEATH* was as follows:

1. Congenital Debility

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Menin zeocele

(Duration) yrs. mos. ds.

(Signed) Philip B. Fowler M. D.

Dec 23, 191 5 (Address) 1432 William St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	dec 23, 191 5
20-UNDERTAKER E. D. Fleming	ADDRESS 1460 Baltic Av

IMPORTANT. See instructions on back of certificate. ...portant. AGE should be given EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ...information regarding deaths of carefully supplied.

Spec.—8-24-14—M. & T.—2000 Bks. Annie Piechoski

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90601 — 92 C90601

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S. Wolfe ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Piechoski

(Residence in Baltimore: No. 509 S. Wolfe St.; ..... yrs., 5 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 5 (Day), 1915 (Year)

7-AGE, ... yrs. 5 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Vincent Piechoski

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Apalonia Olndrowicz

13-BIRTHPLACE OF MOTHER (State or Country), Buffalo Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Piechoski

(Address) 509 S. Wolfe St.

15- Filed DEC 23 1915 ROBERT . KRAUTER, Burial Permit Clerk
No. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 191.., to Dec. 22 1915, that I saw her alive on Dec 22 1915, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. D. Heer M. D.

12/22/15 191.. (Address) 408 N Patterson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary Cem.	Dec 23, 1915
20-UNDERTAKER W. F. Sadowski	ADDRESS 905 S. Ann.

N.B.—Every item of information should be carefully supplied. ALL blanks must be filled EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C90602

CERTIFICATE OF DEATH.

64 C90602

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 326 S. Chester St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Healey

(Residence in Baltimore: No.) 326 S. Chester St.; (50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, Dec 24, 1841
(Month) (Day) (Year)

7-AGE, 73 yrs. 11 mos. 28 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Sweeney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Reynolds

(Address) 326 S. Chester St.

15-DEC 23 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 21, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 18 1915, to Dec 21 1915, that I saw h[illegible] alive on Dec 21 1915, and that death occurred, on the date stated above, at 11.30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Geo. Heller M. D.

12,22, 191.5. (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Dec 24, 1915

20-UNDERTAKER McGuinn & Colbert — ADDRESS 602 & 604 Potomac

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90603

CERTIFICATE OF DEATH.

91 C90603

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 Elizabeth Court ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Simons

(Residence in Baltimore: No. 1st Paul St. St.; 2 yrs., 9 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	colored	

6-DATE OF BIRTH, ... Mar (Month) 21 (Day), 1913 (Year)

7-AGE, 2 yrs. 9 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Bessie Simons

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15 DEC 23 1915 Filed....., 191... ROBERT . BENJAMIN, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1914, to Dec 21 1915, that I saw him alive on Dec 20 1915, and that death occurred, on the date stated above, at Dec m.

The CAUSE OF DEATH* was as follows:

1. Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumonia attack Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. F. Friedenwald M. D.

Dec 22, 1915. (Address) 1610 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 2 yrs. 9 mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL. DATE OF BURIAL, DEC 22 1915, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

N. B.—Correctness of information should be carefully supplied. AGE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90604

CERTIFICATE OF DEATH.

30 C90604

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 Patterson Place ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys Leslie Stewart

(Residence in Baltimore: No. 1934 Patterson Place St.; ..... yrs., 8 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, April 2nd, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 20 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Stewart

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, Catherine Renner

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 1934 Patterson Place

15-

Filed DEC 23 1915, 191.. ROBERT . KRAUTER, Registrar.

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 22, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 191 5, to Dec 22 1915, that I saw h[illegible] alive on Dec 22 1915, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Meningitis (Probably Tuberculous)

(Duration) ..... yrs. ..... mos. 1 d. 6 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Claude Smith M. D.

Dec. 23 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore County	Dec. 27, 191..
20-UNDERTAKER Henry Heuck Son	ADDRESS 1301 E Eager St

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90605

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90605

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. No. 1120 Wilen ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Krebs

(Residence in Baltimore: No. 1120 Wilen St.; 37 yrs., 4 mos. 26 ds.)

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 26 (Day), 1877 (Year)

7-AGE, 38 yrs. 4 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Railroad car
(b) General nature of industry, business, or establishment in which employed (or employer) Conductor

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jacob Krebs

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Cora Ruppert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Celestine Krebs

(Address) 1120 Wilen St

15-

Filed DEC. 23. 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22, 19 15
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 16 1915, to Dec 22 1915, that I saw h[im] alive on Dec 21 1915, and that death occurred, on the date stated above, at 6 40 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Bellamy M.D.

Dec 23, 1915 (Address) 914 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Dec. 24., 1915

20-UNDERTAKER Henry Koeck & Son

ADDRESS 1301 E Eager St

HEALTH DEPARTMENT---CITY OF BALTIMORE

C90606 — CERTIFICATE OF DEATH — 30 C90606

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1H. Elizabeth Ave St. 9 WARD)

2-FULL NAME James Frances Holt

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1st Paul St St.; 6 yrs. 7 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
male	colored	

6-DATE OF BIRTH: May (Month) ... (Day), 1909 (Year)

7-AGE: 6 yrs. 7 mos. ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER

11-BIRTHPLACE OF FATHER (State or country)

12-MAIDEN NAME OF MOTHER: Sarah Butler

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15 DEC 23 1915 — Filed ..... 191 ..... ROBERT . KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 21 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar. ..., 191 5, to Dec 21 191 5, that I saw him alive on Dec 20 191 5, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) ... yrs ... mos. 12 ds.

Contributory (SECONDARY) Glandular Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edwin B Freedmald M. D.

Dec 22 191 5 [Address] 1606 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. 7 mos. ... ds. — In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 2

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	DEC 23 1915 191
20-UNDERTAKER: Commissioner Health,	ADDRESS

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C90607

CERTIFICATE OF DEATH.

64 C90607

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 3104 Foster Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Croucher

(Residence in Baltimore: No. 3104 Foster Ave St.: 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day), 1 (Year)

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Jos. Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Hayes

(Address) 3104 Foster Ave

15- Filed DEC 23 1915, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1915, to Dec 22 1915, that I saw h[illegible] alive on Dec 21 1915 and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) 1 yrs. mos. ds.

(Signed) A B Duncan M. D.

Dec 23, 1915. (Address) 718 N. Wolfe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Dec 24 1915

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—5000 Bks.

Dr. Adler - 1718 Eutaw Place

C90608

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90608

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Harlem Ave St.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm C Beckner.

(Residence in Baltimore: No. 1422 Harlem Ave. St.; 35 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 25, 1858
(Month) (Day) (Year)

7-AGE 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired.
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Contractor

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Daniel D. Beckner.

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie E. Beckner.

(Address) 1422 Harlem Ave

15- Filed DEC 23 1915, 191.... Robert J. Krauter, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 3 1915, to Dec 19 1915, that I saw h[illegible] alive on Dec 19 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and Chronic Nephritis

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry Adler M. D.

Dec 22, 1915. (Address) 1718 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loud Ridge. DATE OF BURIAL, Dec 24, 1915.

20-UNDERTAKER Wm Cook ADDRESS 502 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90609

CERTIFICATE OF DEATH.

93 C90609

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1900 Aisgueth ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Freddie Blay

(Residence in Baltimore: No. 1900 Aisgueth St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1898 (Year)

7-AGE, 17 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Helper
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Fred Blay

11-BIRTHPLACE OF FATHER (State or Country), York

12-MAIDEN NAME OF MOTHER, Mary Langhorst

13-BIRTHPLACE OF MOTHER (State or Country), York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Blay

(Address) 1900 Aisgueth St

15-

Filed DEC 23 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1915, to Dec 21 1915, that I saw him alive on Dec 21 1915, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

(a) Pleurisy

(b)

(c)

(Duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 3 ds.

(Signed) R. Garland Ashcraft M. D.

12/24/15, 191... (Address) 428 E. 23rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL, Dec 23, 1915

20-UNDERTAKER John C. Rinehart

ADDRESS 1107 N. Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

154

C90610 C90610

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1514 N. Mount street, ST.: 15 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Johnson,

(Residence in Baltimore: No. 1514 N. Mount street, St.; yrs., 50 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Widowed,

6-DATE OF BIRTH, December (Month) 4th (Day), 1827. (Year)

7-AGE. 88 yrs. 0 mos. 17 da. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Patrick Shorter,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Rosetta Johnson,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Scott, daughter.

(Address) 1514 N. Mount street.

15- ROBERT . KRAUTER,
Filed DEC 23 1915, 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 21st (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senile vascular degeneration,

(Duration)..... yrs..... mos..... da.

CONTRIBUTORY (Secondary)

(Duration)..... yrs..... mos..... da.

(Signed) J. Frederick Wampler, (Coroner.) M. D.

Dec. 22nd 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Dist Auburn Cemetery	Dec 24 1915
20-UNDERTAKER John A. Bisley	ADDRESS 417 Hollins

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90644

CERTIFICATE OF DEATH.

10 C90644

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2894 Fox St ST. 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Franklin Lewis

(Residence in Baltimore: No. 2804 Fox St.) 31 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1878 (Year)

7-AGE, 37 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), York Pa

PARENTS.

10-NAME OF FATHER, Jno F Lewis

11-BIRTHPLACE OF FATHER (State or Country), York Pa

12-MAIDEN NAME OF MOTHER Saml E Billingslea

13-BIRTHPLACE OF MOTHER (State or Country), York Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Lewis

(Address) 2804 Fox St

15- FILED DEC 23 1915 191.. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 13 1915, to Dec 21 1915, that I saw him alive on Dec 21 1915, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Neoplasticum and Exhaustion

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Cardio Pericarditis

(Duration) yrs. mos. 3 ds.

(Signed) R. Garland Schnell M. D.

Dec 21, 1915 (Address) 424 East 23 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	12/23 1915
20-UNDERTAKER	ADDRESS
Saml L Kennedy	5717 Belair

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90612 C90612

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Gough ST.; V WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicola Averza

(Residence in Baltimore: No. 1726 Gough St.; ....yrs., mos. 16 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Singer

6-DATE OF BIRTH, Dec. (Month) 10th (Day), 1915. (Year)

7-AGE, ...yrs. ....mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Nicola Averza

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Ida Garrison

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicola Averza

(Address) 1726 Gough St.

15. DEC 23 1915 Filed ROBERT . KRAUTER, 191 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 23" (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/18/15 191, to 12/23/15 191, that I saw h.me alive on 12/23/15 191, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Lues

(Duration) ....yrs. ....mos. 16 ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) ....yrs. ....mos. ....ds.

(Signed) Ferdinand P. Herrmann M. D.

12.23.15 191... (Address) 2.919 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent	Dec 24th 1915
20-UNDERTAKER	ADDRESS
Wendell Lippelt & Co	330 S. Broadway

C90613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C90613

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Wordley St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Unnamed) (Infant) Kemple

(Residence in Baltimore: No. 1137 Wordley St.; yrs. mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Child

6-DATE OF BIRTH: Dec 19 (Month), 19 (Day), 1915 (Year)

7-AGE: ..... yrs. mos. 3 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Andrew Kemple

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Margaret Mallinan

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Carrie Gelbert

(Address) 1124 Wordley st

15 DEC 23 1915 Filed ..... 191.. ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 22 (Month), 22 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1915, to Dec 22 1915, that I saw h.. alive on Dec 22 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth
about 8 mo. fetus

..... (Duration) yrs. mos. ds.

Contributory (SECONDARY)

..... (Duration) yrs. mos. ds.

(Signed) M. P. Dailey M. D.

12/22, 1915 [Address] 1953 N Mont

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: Dec 23, 1915

20-UNDERTAKER: M. Fahey & Sons — ADDRESS: 606 Fayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90614 — 157 — C90614

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. St. Vincents Infnt. Asylum ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Williams

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs. 2 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: October (Month) 20 (Day), 1915 (Year)

7-AGE: yrs. 2 mos. 2 ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland Balto.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) St. Vincents

(Address) 1701 Division So

15- DEC 23 1915 — ROBERT . KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1st, 1915, to, Dec 22 1915, that I saw him alive on Dec 21st 1915, and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Malnutrition and
Malassimilation.

(Duration) yrs 1 mos ds

Contributory (SECONDARY)

(Duration) yrs mos ds

(Signed) Charles O'Donovan M. D.

Dec 22 1915 [Address] 5 E Read St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs 2 mos 2 ds. In the State yrs 2 mos 2 ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Dec 23 1915

UNDERTAKER: W Fahey & Sons — ADDRESS: 406 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

TYPE FILM

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

090615

CERTIFICATE OF DEATH.

151 090615

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 37 Gorman ave ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Daughter H. H and Santha Close.

(Residence in Baltimore: No. 37 Gorman ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Dec 22, 1915
(Month) (Day) (Year)

7-AGE, ✓ yrs. ✓ mos. ✓ ds.

If LESS than 1 day, 20 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, H. Herbert Close.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Santha Clark.

13-BIRTHPLACE OF MOTHER (State or Country), Anne Arundel Co. Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Geo. C Shannon
(Address) 700 Fulton ave

15-
Filed ... DEC 23 1915 ... 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1915, to Dec 23 1915, that I saw her alive on Dec 22 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Insufficient Immunization
(Duration) ... yrs. ... mos. 1 ... ds.

CONTRIBUTORY (Secondary) Premature Birth
(Duration) ... yrs. ... mos. 1 ... ds.

(Signed) George C. Shannon M. D.
Dec 23, 1915 (Address) 700 Fulton ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Fredericktown Cemetery
DATE OF BURIAL, Dec. 23, 1915

20-UNDERTAKER W. M. Norton
ADDRESS 2301 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. A. F. E.

D A K

C90616 HEALTH DEPARTMENT--CITY OF BALTIMORE C90616

CERTIFICATE OF DEATH

40

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2904 Orleans St. 6 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Henry Raycroft.

(Residence in Baltimore: No. 2904 Orleans St. 6th Ward)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July 12, 1847 (Month) (Day) (Year)

7 AGE: 68 yrs. 5 mos. 10 ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
Ship Caulker

9 BIRTHPLACE (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Andrew Raycroft

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Mary Mucker

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Raycroft (wife)

(Address) 2906 Orleans St.

DEC 23 1915 ROBERT J. BRAUER, Burial Permit Clerk

Filed ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December 22, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1915, to December 22, 1915, that I saw h[illegible] alive on December 21, 1915, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

(Duodenal Ulcer)
Gastric Carcinoma

Metastasis (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Allen C. Cunningham M. D.

12-22, 1915 (Address) 2139 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Dec 24, 1915

20 UNDERTAKER: Robert J. Turner — ADDRESS: 932 Broadway

Spec.—5-19-13—M. & T.—500 Bks.

C90617

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90617

119

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 S Bradford ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Schlote

(Residence in Baltimore: No. 515 S Bradford St.; 15 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan (Month) 3 (Day), 1900 (Year)

7-AGE, 15 yrs. 11 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Schlote

11-BIRTHPLACE OF FATHER (State or Country). City

12-MAIDEN NAME OF MOTHER Amelia Wilhelm

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr John Schlote

(Address) 515 S Bradford St

15- DEC 23 1915

Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 22 (Day), 1915 (Year)

Dec 10

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Dec 22 1915

that I saw h— alive on Dec 22 1915

and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) L Wiemken M. D.

Dec 24 1915 (Address) 615 Bush

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Dec 24, 1915

20-UNDERTAKER Peter Nicolaus

ADDRESS 2046 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90618

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 C90618

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Hospital St. 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara A. Heugst

(Residence in Baltimore: No. 2126 Mt Holly St.; 54 yrs. 4 mos. 10 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, August 13, 1861 (Month) (Day) (Year)

7-AGE, 54 yrs. 4 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Reuben Heugst

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Charlotte Zebes

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Chas Dennis

(Address)..... 2126 Mt Holly St

15 DEC 23 1915 Filed....., 19... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 23, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1915, to Dec 23, 1915, that I saw h[illegible] alive on Dec 23, 1915, and that death occurred, on the date stated above, at 6:45 a.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

Suppuration Appendicitis

(Duration)..... yrs..... mos. 3 ds.

CONTRIBUTORY (Secondary).....

(Duration)..... yrs..... mos..... ds.

(Signed) Elmer Hemmeter M. D.

12-23-, 1915. (Address) Maryland Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos. 3 ds. In the State 54 yrs. 4 mos. 10 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2126 Mt Holly St

19-PLACE OF BURIAL OR REMOVAL, York Pa. DATE OF BURIAL, Dec. 25, 1915.

20-UNDERTAKER Geo. W. Little ADDRESS 531 N Fremont Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90619

C90619

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 3027 Guilford Ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah F. McGonigle

(Residence in Baltimore: No. 3027 Guilford Ave St.; 71 yrs., 7 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Apr 25, 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. 7 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Dunn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah A. Jamison

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M. Gonigle

(Address) Beaumont Post Office

15-

Filed DEC 23 1915, 191... NANCY C. [illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1915 to Dec 22 191, that I saw h[er] alive on Dec 21 1915, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) 1 yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Old Cancer

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. A. Tuell M. D.

Dec 23, 1915. (Address) Irvington

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 12/24, 1915

20-UNDERTAKER Henry A. Masson & Son

ADDRESS 405 N. Gaylord St.

N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 C90620

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 825 Park Ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Green

(Residence in Baltimore: No. 825 Park Ave St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-~~SINGLE, MARRIED~~ WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, August ?, 1 1.... (Month) (Day) (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Md.

PARENTS:

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Green (daughter)

(Address) 822 McDonogh St.

15- DEC 23 1915 Filed ....., 191.... BAILEY & ANDREWS, Burial Permit Clerks.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 21, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (~~Inquest, autopsy~~ or inquiry.) thereon and from the evidence obtained by said Inquest (~~Inquest, autopsy~~ or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident Fell down steps

(Duration) Few minutes

CONTRIBUTORY (Secondary) Fracture skull

(Duration) yrs. mos. ds.

(Signed) Thos. Abhamburs M. D. (Coroner.)

Dec. 22, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Dec. 25th, 1915.

20-UNDERTAKER Chas. E. Bailey

ADDRESS 1421 Jefferson St

important. See instructions on back of certificate.

CAUSE OF DEATH must be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90621 C90621

CERTIFICATE OF DEATH.

28 REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Deal

(Residence in Baltimore: No. St. Paul St St.: 9 yrs. 10 mos. 10 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	Single

6-DATE OF BIRTH, Feb 12, 1906
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
9 yrs. 10 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Deal

11-BIRTHPLACE OF FATHER (State or Country), M. D.

12-MAIDEN NAME OF MOTHER Mary Deale

13-BIRTHPLACE OF MOTHER (State or Country), Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Mathew M. Mitchell

(Address) St Elizabeths Home

DEC 23 1915

Filed....., 191.... HARRY C. AMBRAUS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1914, to Dec 22 1915, that I saw h.m alive on Dec 22 1915, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) yrs. 1/2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

(Signed) Edgar B. Friedenwald M. D.

Dec 23, 1915. (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. 4 mos. ds. In the State 9 yrs. 10 mos. 10 ds.

Where was disease contracted, if not at place of death? Contracted at St Elizabeth's

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	Dec 23, 1915.

20-UNDERTAKER	ADDRESS
George H. Holland	Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90622 64 C90622

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 704 Eutaw 20 ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Mr Andrew Grammer

(Residence in Baltimore: No. 13 E Hamburg St. St.: 57 yrs., 3 mos., 10 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec (Month) 13th (Day), 1858 (Year)

7-AGE, 57 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Cato City Maryland

PARENTS.

10-NAME OF FATHER, John Grammer

11-BIRTHPLACE OF FATHER (State or Country). Dont know

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country) Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter H Grammer

(Address) St Helena Md

15- DEC 23 1915 ROBERT S. ANDREWS, Filed....., 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1915, to Dec 23 1915, that I saw h.. alive on Dec 23 1915, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

..... Bright's Disease .....
..... Apoplexy .....
..... (Duration) ..... yrs. ..... mos. 20 ... ds.

CONTRIBUTORY (Secondary) ..... Apoplexy .....
..... (Duration) ..... yrs. ..... mos. 20 ... ds.

(Signed) ..... Dr. J. W. Kennard ..... M. D.

Dec 23, 1915. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 57 yrs. 3 mos. 10 ds.

Where was disease contracted, if not at place of death? St Helena

Former or usual residence 13 E Hamburg St

19-PLACE OF BURIAL OR REMOVAL, Hess burying ground — DATE OF BURIAL, 12/24, 1915

20-UNDERTAKER P. R. Loe & Co. — ADDRESS 502 E North Ave

William Cook

C90623

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C90623

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1421 W. Mulberry ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Michael S. Culp

(Residence in Baltimore: No. 1421 W. Mulberry St.; 64 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: Feb 5, 1831 (Month) (Day) (Year)

7 AGE: 84 yrs. 9 mos. 17 ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION (a) Trade, profession or particular kind of work: Retired Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary

9 BIRTHPLACE (State or country): Norristown Pa.

PARENTS

10 NAME OF FATHER: Henry Culp.

11 BIRTHPLACE OF FATHER (State or country): Penna.

12 MAIDEN NAME OF MOTHER: Letitia Gutteridge

13 BIRTHPLACE OF MOTHER (State or country): Penna.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Flower V. Culp

(Address) 1421 W. Mulberry St.

DEC 23 1915 Burial Permit Clerk.

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 22, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1915, to Dec 24 1915, that I saw him alive on Dec 21, 1915, and that death occurred, on the date stated above, at 1130 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) Hypostatic Pneumonia

(Duration) — yrs. — mos. 4 ds.

(Signed) A. Baldwin Jacobs M. D.

Dec 24, 1915. (Address) 841 N. Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: DEC 24 1915

20 UNDERTAKER: Nat B Cook — ADDRESS: 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C90624

HEALTH DEPARTMENT—CITY OF BALTIMORE

154 C90624

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Madison Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Esther Konigsberg

(Residence in Baltimore: No. 2221 Madison St.; 42 yrs., ... mos. ... da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 73 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Hartman Cistlery

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rosa Greenberg

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ch Konigsberg

(Address) 2221 Et Ave

15-

Filed DEC 23 1915, HARRY J. ANDRUS, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 1915, to Dec 22 1915, that I saw h[er] alive on Dec 22 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Old age

..... (Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Congestion of Lungs

..... (Duration) ... yrs. ... mos. 11 da.

(Signed) Jos H Braun M. D.

Dec 23, 1915. (Address) 2200 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Hebrew Friendship	Dec 24, 1915
20-UNDERTAKER	ADDRESS
David Sondheim	1 Park Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C90625 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C90625

CERTIFICATE OF DEATH. x 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry E. Webb

(Residence in Baltimore: No. St Joseph's Hospital St.; ....yrs.,.... mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	negro	married

6-DATE OF BIRTH, January 1 (Month) (Day), 1879 (Year)

7-AGE, 36 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butler
(b) General nature of industry, business, or establishment in which employed (or employer): in Private Family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John H. Webb

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Olivia Jane Kell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Webb

(Address) Ellicott City Md,

15- Filed DEC 23 1915, 191... HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 15 1915, to December 21 1915, that I saw h.... alive on December 21 1915, and that death occurred, on the date stated above, at 5 1/2 m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

about 2 weeks (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Toxemia

1 week (Duration)....yrs....mos....ds.

(Signed) Oscar T. Pinard M. D.

Dec. 21, 1915. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State 36 yrs. 11 mos. 21 ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Ellicott City Md.

19-PLACE OF BURIAL OR REMOVAL. Odd Fellows Cem

DATE OF BURIAL, Dec. 24..., 1915

20-UNDERTAKER Oakmont Bldg ADDRESS Easton Sons Ellicott City

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90626

CERTIFICATE OF DEATH

28 C90626

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1706 E. Pratt ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis J. Puhl

(Residence in Baltimore: No. 1706 E. Pratt St. Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July 16th, 1902 (Month) (Day) (Year)

7-AGE: 12 yrs. 5 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City Md.

PARENTS

10-NAME OF FATHER: Frank P. Puhl

11-BIRTHPLACE OF FATHER (State or country): Balto City Md

12-MAIDEN NAME OF MOTHER: Blanche Scharlton

13-BIRTHPLACE OF MOTHER (State or country): Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs E. S. Merryman

(Address) 1706 E. Pratt St

15- DEC 23 1915 191

BARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. 21, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1915, to Dec. 21 1915.

that I saw h[illegible]live on " 20 .1915.

and that death occurred, on the date stated above, at 2 30 P.M.

The CAUSE OF DEATH* was as follows:

1 Pul. Embolism

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY): Pul. Tuberculosis

(Duration) yrs. 12 mos. ds.

(Signed) Frank C Breuder M. D.

12/21/15, 191 (Address) 125 S Edward

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Dec 24. 1915

20-UNDERTAKER: H. Sander Sons ADDRESS: 1710 E Pratt St

C90627

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C90627

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1430 E Lafayette Ave WARD 8)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John J Goody

(Residence in Baltimore: No. 1430 E Lafayette Ave ... yrs. 11 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: January 19th, 1915. (Month) (Day) (Year)

7 AGE: ... yrs. 11 mos. 3 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John J Goody Jr.

11 BIRTHPLACE OF FATHER (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Nennetta J Brooks

13 BIRTHPLACE OF MOTHER (State or country): Balto. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J Goody Jr.

(Address) 1430 E. Lafayette Ave

15 DEC 23 1915 Filed ... 191 Registered by Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 24th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1915, to Dec 31 1915, that I saw h[illegible] alive on Dec 31 1915, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ... yrs. ... mos. 10 ds

Contributory (SECONDARY) Exhaustion

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Ed L Lucas M. D.

Dec 24 1915 (Address) Towson Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Marys Towson DATE OF BURIAL: Dec 27 1915

20 UNDERTAKER: John J Howard ADDRESS: Towson Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90628

CERTIFICATE OF DEATH.

91 C90628

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 E. Poppleton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter R. Kratz.

(Residence in Baltimore: No. 1132 E. Poppleton St.; ... yrs., 5 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 16 (Day), 1915 (Year)

7-AGE, ... yrs. 5 mos. 7 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Walter E. Traylor

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Blanche Taylor.

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche Kratz

(Address) 1132 E. Poppleton St.

15- DEC 23 1915 BASIL C ANDREAS,
Filed ..., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21 1915, to Dec 22 1915, that I saw him alive on Dec 22 1915, and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

... (Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY ... (Secondary)

... (Duration) ... yrs. ... mos. ... ds.

(Signed) Thos. Morton M. D.

12/24/15, 191.. (Address) 873 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Dec 24, 1915
20-UNDERTAKER	ADDRESS
John J. Cowan & Son	901 Pulton St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90629 HEALTH DEPARTMENT—CITY OF BALTIMORE 175 C90629

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE (No. Maryland General Hospital, Linlen ave.& Malison str. ST. 15 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura C. Severe,

(Residence in Baltimore: No. 1734 Braddish avenue. 38 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH: May 19th, 1870. (Month) (Day) (Year)

7-AGE: 45 yrs. 7 mos. 2 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania,

PARENTS.

10-NAME OF FATHER, Christian Rother,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James O. Severe, husband,

(Address) 1734 Braddish avenue.

15. Filed DEC 23 1915, 191 MARY C ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 21st., 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism of viscera caused by being accidentally struck by an automobile,

(Duration) yrs. 14 hours mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) J. Edward Kemper M. D. (Coroner.)

Dec. 22, 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 14 hours da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death? S. W. Cor. Howard and Mulberry sts.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, 12/24, 1915.

20-UNDERTAKER Fulham Corp — ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90630

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90630

CERTIFICATE OF DEATH

91

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No 3029 St. Paul St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma E. Parsons

(Residence in Baltimore: No. 3029 St. Paul St. 60 yrs. - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec. 23, 1846 (Month) (Day) (Year)

7-AGE: 69 yrs. 1 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Jonathan Parsons

11-BIRTHPLACE OF FATHER (State or country): New Jersey

12-MAIDEN NAME OF MOTHER: Mary Meh.

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. C. F. E. Miller
(Address): 3029 St. Paul

15. Dated DEC 23 1915, 191 — BAKER & ADDRESS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. 23 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1915, to Dec. 22, 1915, that I saw h[er] alive on Dec. 22, 1915, and that death occurred, on the date stated above, at 6 A m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) - yrs. - mos. 10 ds

Contributory (SECONDARY) Asthenia

(Duration) yrs. mos. 6 ds.

(Signed) C. C. Norman M. D.

12/23, 191 6 (Address) 1606 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: 12/26, 1915

20-UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90631

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 C90631

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 730 E. 20th St.; 9 Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael H. Smith

(Residence in Baltimore: No. 730 E. 20th St.; 4 yrs. 2 mos. 4 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Nov 13, 1834 (Month) (Day) (Year)

7-AGE: 81 yrs. 1 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: retired Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Rail Road Man

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: Henry D Smith

11-BIRTHPLACE OF FATHER (State or country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Eliza Horting

13-BIRTHPLACE OF MOTHER (State or country): Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Alice Greenawalt

(Address) 730 E-20th St

15. DEC 23 1915, 191

HARRY J. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December 23, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1915, to Dec 23 1915, that I saw h[illegible] alive on Dec 23, 1915, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Influenza and Chronic Nephritis (Duration) ..... yrs. ..... mos. 11 ds.

(Signed) O H Duker M. D.

Dec 23, 1915 (Address) 928 E 21st St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Harrisburg Penna

DATE OF BURIAL: Dec 27, 1915

20-UNDERTAKER: W Fitchner & Son

ADDRESS: Lemay Park

C90632

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90632

CERTIFICATE OF DEATH

14

1 PLACE OF DEATH — REGISTERED NO. C _____

CITY OF BALTIMORE (No. 2820 Woodbrook Ave ST.; 13 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Hachtel

(Residence in Baltimore: No. 2820 Woodbrook Ave St.; 75 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Dec (Month) 29 (Day), 1830 (Year)

7-AGE: 84 yrs. 11 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Broker
(b) General nature of industry, business, or establishment in which employed (or employer): Fertilizer

9-BIRTHPLACE (State or country): Bavaria

PARENTS

10-NAME OF FATHER: Leonard Hachtel

11-BIRTHPLACE OF FATHER (State or country): Bavaria

12-MAIDEN NAME OF MOTHER: Eva Kraus

13-BIRTHPLACE OF MOTHER (State or country): Bavaria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Hedwig Hachtel

(Address) 2820 Woodbrook ave

15- Filed DEC 23 1915, 191 HARRY C. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 23 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1915, to Dec 23 1915, that I saw him alive on Dec 22, 1915, and that death occurred, on the date stated above, at 12.30 A m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), Fred C Jewett M. D.

Dec 23, 1915 (Address) 2516 Pennsylvania ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Dec 26. 1915
20-UNDERTAKER	**ADDRESS**
S. F. Walker	723. Aisquith

Spec.—8-24-14—M. & T.—2000 Bks.

C90633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 C90633

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Short alley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Murray

(Residence in Baltimore: No. 1228 Short alley St.; unknown yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black A. A.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, unknown (Month), 1 (Day), ... (Year)

7-AGE, 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William H. Murray

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Gates

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Murray

(Address) 1228 Short Alley

15- DEC 24 1915 ROBERT . KRAUTER, Filed ....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1915, to Dec. 22, 1915, that I saw h his alive on Dec. 22, 1915, and that death occurred, on the date stated above, at 9:15 p m.

The CAUSE OF DEATH* was as follows:

Acute indigestion

.....

.....

..... (Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) Pneumonia Catarrhal

..... (Duration) ....yrs. ....mos. 7 ....ds.

(Signed) J. K. Bivens M. D.

12/22 1915 (Address) 611 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Maryland

DATE OF BURIAL, Dec 25 1915

20-UNDERTAKER Charles B. Jones

ADDRESS 1618 Saratoga St.

C90634

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C90634

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1147 S.Sharp st. ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milasino Muth

(Residence in Baltimore: No. 1147 S.Sharp st. St.; 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: Nov. (Month) 6th (Day), 1855 (Year)

7-AGE: 60 yrs. 1 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: ----- . Kunza

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Christian Muth

(Address) 1147 S.Sharp st.

Filed DEC 24 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 24/15. (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 22/15, 191, to, Dec. 24/15. 191, that I saw h.er alive on Dec. 23/15 191, and that death occurred, on the date stated above, at 3.30 PM

The CAUSE OF DEATH* was as follows:

CEREBRAL HEMORRHAGE

..... (Duration) ..... yrs ..... mos. 2 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) H. Henry Wunderlich M. D.

Dec. 24/15. 191 [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: Dec 26 191 5

20-UNDERTAKER: Wm Cook — ADDRESS: 502 Worth

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90635

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C90635

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 N Montford Ave. WARD) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August H. Fink

(Residence in Baltimore: No. 1314 N. Montford ave Sty 30 yrs. mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH December (Month) 4th (Day) 1885 (Year)

7-AGE 30 yrs. mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Henry Fink

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Emelia Einoff

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna C. Fink

(Address) 1314 N Montford ave

15- Filed DEC 24 1915 ROBERT . KRAUSER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec (Month) 23 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20, 1914, to, Dec 23 1915, that I saw h[illegible] alive on Dec 23 1915, and that death occurred, on the date stated above, at 12-30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs mos ds

Contributory (SECONDARY)

(Duration) yrs mos ds

(Signed) John W Sanderson M. D.

Dec 23 1915 [Address] 1714 N Caroline St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Dec 26 1915

20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90636

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C90636

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 303 S Robinson ST: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary E Rau

(Residence in Baltimore: No. 303 S. Robinson Sr.; 63 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: June 30, 1826 (Month) (Day) (Year)

7 AGE: 79 yrs. 5 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Emanuel Blaus

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary B Meeks

(Address) 303 S Robinson

15 Filed DEC 24 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. 23 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1915, to Dec 23, 1915, that I saw h[er] alive on Dec 21, 1915, and that death occurred, on the date stated above, at 10.4 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 16 ds

Contributory (SECONDARY): senility

(Duration) about 1 yrs. ..... mos. ..... ds.

(Signed) D. W. Jones M. D.

Dec 23, 1915. (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Mathews — DATE OF BURIAL: Dec 26, 1915

20 UNDERTAKER: H Sander Sons — ADDRESS: 110 Fleet St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90637

CERTIFICATE OF DEATH.

92 C90637

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Rhone

(Residence in Baltimore: No. 778 McKim St.; 30 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown (Month) 1 (Day) (Year)

7-AGE, 32 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Ernest Jackson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Mary E Strange

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Mason

(Address) 411 W. Saratoga St.

15- FILED DEC 24 1915 ROBERT F. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 23 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1915, to Dec 23 1915, that I saw her alive on Dec 23 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) 2 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) 2 yrs. 1 mos. 7 ds.

(Signed) Ernest H. G. Riegn M. D.

Dec 23, 1915. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 778 McKim St

Former or usual residence 778 McKim St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Dec 24, 1915

20-UNDERTAKER Chas T. Bailey ADDRESS 421 Jeffer

Spec.—8-24-14—M. & T.—2000 Blks.

C90638

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90638

CERTIFICATE OF DEATH.

105

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 S. Paca ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Reiter

(Residence in Baltimore: No. 905 S. Paca St.; 78 yrs. 10 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Feb. (Month) 17 (Day), 1837 (Year)

7-AGE, 78 yrs. 10 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Wilson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Catherine Wickes

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Abraham R. Pennington

(Address) 905 S. Paca

15- DEC 24 1915 Filed....., 191... C. M. Sinclair Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31 1915, to Dec 23 1915, that I saw her alive on Dec 23 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 5 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) yrs. mos. 3 ds.

(Signed) Howard A. Kelly M. D.

Dec. 23, 1915. (Address) 1 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Hope Cem. DATE OF BURIAL, Dec. 26, 1915

20-UNDERTAKER Jos Jenkins Son ADDRESS 217 S. Pac

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90639

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90639

45

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 N. Curley ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Allendorff

(Residence in Baltimore: No. 401 N. Curley St St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 20, 1866
(Month) (Day) (Year)

7-AGE, 49 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Kirchler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ottile Ziegler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Allendorf

(Address) 401 N. Curley St

DEC 24 1915

Filed....., 191.....

CHARLES M. SINCLAIR.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 22nd 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1915, to Dec. 22nd 1915, that I saw her alive on Dec. 22nd 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Lymphatic glands Generalized

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 week mos. ds.

(Signed) H. Irving Gross M. D.

Dec. 24, 1915. (Address) 1508 Mt. Royal Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem

DATE OF BURIAL, Dec. 25, 1915

20-UNDERTAKER John Herzog & Co

ADDRESS 20 & 26 E. Lexington St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90640 HEALTH DEPARTMENT—CITY OF BALTIMORE C9064[illegible]

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. Gen. Hosp. REGISTERED No. C

CITY OF BALTIMORE: (No. Linden Ave & Madison ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dunn

(Residence in Baltimore: No. Home - Fruitburg Md. St.; ..... yrs., ... mos. 17 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
11 yrs. ..... mos. ..... ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, William Dunn

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER ((

13-BIRTHPLACE OF MOTHER (State or Country), ((

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Dunn

(Address) Frostburg Md

15-

Filed DEC 24 1915, CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1915, to Dec 23 1915, that I saw h[illegible] alive on Dec 23 1915, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis - miliary
Epithelioma - tongue -
(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. R. Mirick M. D.

Dec 23, 1915. (Address) 274 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 17 ds. In the State 11 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Dont know

Former or usual residence Frostburg Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cumberland	Dec 24, 1915.
20-UNDERTAKER W. Greenwood Sons	ADDRESS Flora

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96641 C96641

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S Stockton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Johnson

(Residence in Baltimore: No. 110 S Stockton St.; 10 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE. 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Coates

(Address) 110 S Stockton St

15- Filed DEC 24 1915 CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 20, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1915, to Dec 20 1915, that I saw h alive on Dec 20 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia Unknown

(Duration) yrs. mos. ds.

(Signed) D Norwood M. D.

Dec 22, 1915. (Address) 739 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Dec 25 1915

20-UNDERTAKER Alfred J Fireland

ADDRESS 1144 W Lanvale St

Spec.—8-24-14—M. & T.—2000 Bks.

C90642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C90642

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Lemmaire ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvatore Alascia

(Residence in Baltimore: No. 1104 Lemmaire St.; 20 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1867 (Year)

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Store keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Fruit

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Salvatore Alascia

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Giuvanna Calbo

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Giuvanna Alascia

(Address) 1104 Lemmaire

15- DEC 24 1915

Filed ....., 191.....

CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1915, to Dec 23 1915, that I saw h alive on Dec 21 1915, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Corkran Jr M. D.

Dec 24, 191.. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Dec 25, 191..

20-UNDERTAKER Daniel Carlin

ADDRESS 916 Lemmaire

Spec.—8-24-14—M. & T.—2000 Bks.

C90643

HEALTH DEPARTMENT—CITY OF BALTIMORE

146 C90643

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Orphanage

REGISTERED No. C

CITY OF BALTIMORE: (No. ... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Peters

(Residence in Baltimore: No. St. Vincents Orphanage St.; 1 yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Nov. 21 (Month) (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr. C. W. Myers.

(Address) Md. Gen. Hospital.

15- Filed DEC 25 1915, 191.... CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December, 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 191 5, to Dec 23 191 5; that I saw h[er] alive on Dec 22 191 6; and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Primary cause Morbid Ti

Secondary " Meningitis

..... (Duration) 1 yrs. 2 mos. ? ds.

CONTRIBUTORY (Secondary) Meningitis

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Dr. C. W. Myers M. D.

Dec. 23, 1915 (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence St. Vincents Orphanage.

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, Dec 24, 191.

20-UNDERTAKER M. Fahey & Sons ADDRESS 16 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90644

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90644

CERTIFICATE OF DEATH.

37

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladyred Johnson

(Residence in Baltimore: No. 1st Paul St. St.; 2 yrs. 5 mos. 16 da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	single

6-DATE OF BIRTH, July (Month) 7 (Day) 1913 (Year)

7-AGE, 2 yrs. 5 mos. 16 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Albert Johnson

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Margaret Johnson

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr. Matthew M. Mildred

(Address) St Elizabeth Home

15- Filed DEC 25 1915 Burial Permit Issued, ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 1915, to Dec 23 1915, that I saw h[illegible] alive on Dec 23 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. 5 mos. 16 da.

CONTRIBUTORY (Secondary) Senile Dementia

(Duration) 2 yrs. 2 mos. da.

(Signed) Lodge McFitzgerald M. D.

Dec 24, 1915 (Address) 210 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 12 da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? Child admitted with above ailment

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	Dec 24, 1915.
20-UNDERTAKER George H. Holland	ADDRESS 512 Robert St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90645 C90645

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 Canal ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Holmes

(Residence in Baltimore: No. 304 Canal St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 7th, (Month) (Day) 1914 (Year)

7-AGE, 1 yrs. 10 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 304 Canal St.

PARENTS.

10-NAME OF FATHER, Andrew Holmes

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Eliz Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew J Holmes

(Address) 304 Canal St

15-

Filed....., 191... DEC 5 1915 MARY C ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12/23/15 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1915, to Dec. 22 1915, that I saw h.. alive on Dec 22nd 1915 and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Phthisis

(Duration) 2 wks

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. Lee Ellis M. D.

12/23, 191.. (Address) 724 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Dec 25, 1915

20-UNDERTAKER Geo. A. Holland ADDRESS 517 Robert St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C90646

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1721 Carter St. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Banks.

(Residence in Baltimore: No. 1721 Carter St

St., 7 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Colored.

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, [illegible] 1 .....
(Month) (Day) (Year)

7-AGE, 22 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sailor
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Gloucester County Va

PARENTS.

10-NAME OF FATHER, ~~William Banks~~ William Banks.

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Sarah Jackson Va.

13-BIRTHPLACE OF MOTHER (State or Country). Gloucester County Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Jessie B Banks

(Address)..... 348 23½ Street

15-
Filed DEC 25 1915, [illegible] Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 23, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ~~Thos. H. Saunders~~ ..... M. D.
(Coroner.)

Dec. 24., 1915. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Gloucester point Va

DATE OF BURIAL, Dec 25, 1915

20-UNDERTAKER Felix B Pyfe

ADDRESS 1128 Mulberry St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90647

CERTIFICATE OF DEATH.

92 C90647

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 419 W. West St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Smith.

(Residence in Baltimore: No. 419 W. West St.; 57 yrs., ... mos., ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow.

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... 1857 (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Laurence Sigman

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Bridget Sigman

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. F. Smith

(Address) 419 W. West St.

15-

Filed DEC 25 1915, 191.....

NANCY C. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec. (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17 1915, to Dec 23 1915, that I saw h[illegible] alive on Dec 23 1915, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

..... Cabar Pneumonia.....

.....

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Ex Lacerations

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J. E. Tenganson M. D.

12/24, 1915 (Address) 1730 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Calvary Cemetery, Md.

DATE OF BURIAL, Dec. 27th, 1915

20-UNDERTAKER John J. Corman

ADDRESS 901 Hollins

C90648 HEALTH DEPARTMENT—CITY OF BALTIMORE C90648

CERTIFICATE OF DEATH. 40

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1811 Thames ST. 2 WARD)

2 FULL NAME Mary Rydwalski

(Residence in Baltimore: No. 1811 Thames)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. 15 mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Unknown (Month), 1 (Day) (Year)

7-AGE. 61 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) German Poland

PARENTS.

10-NAME OF FATHER Nappomucin Washinoz

11-BIRTHPLACE OF FATHER (State or Country) German Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Rydwalski

(Address) 1811 Thames St.

15- Filed DEC 25 1915 19 CHIEF C ARCHIVES, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. December (Month) 23rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. H. Savage, M. D. (Coroner)

Dec. 24 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Stanislaus. DATE OF BURIAL. Dec. 26, 1915.

20-UNDERTAKER W. F. Sadowski ADDRESS 705 S. Ann St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90649

CERTIFICATE OF DEATH.

154 C90649

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 W. Saratoga ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily M Kerns

(Residence in Baltimore: No. 1319 W. Saratoga St.: 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... (Month) Aug. (Day) 7, (Year) 1870

7-AGE,	If LESS than 1 day,
75 yrs. 4 mos. 16 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Arthur Souder

11-BIRTHPLACE OF FATHER (State or Country), West Virginia

12-MAIDEN NAME OF MOTHER Annie Light

13-BIRTHPLACE OF MOTHER (State or Country), West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C H Shipley

(Address) 1319 W. Saratoga

15-

Filed DEC 25 1915 191.. MARY C. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Dec. (Day) 23, (Year) 1915

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1915, to Dec 23 1915, that I saw her alive on Dec 23 1915, and that death occurred, on the date stated above, at 12.40 p m.

The CAUSE OF DEATH* was as follows:

..... Senility .....

..... (Duration) ..... yrs. 6 mos. 5 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H Gershaw M. D.

Dec 24, 1915 (Address) 3100 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Martinsburg W. Va	Dec. 26, 1915

20-UNDERTAKER E I Fanning 1938 E. Lafayette ave

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SOCIETY OF U.S. ARMY FORT

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90650 — 159

CERTIFICATE OF DEATH.

REGISTERED No. C90650

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1007 St Paul St. 11 WARD)

2-FULL NAME James Carroll Schenck

(Residence in Baltimore: No. 1007 St Paul St.: yrs. 35 mos. — ds.)

(If death occurred in a hospital or institution, give Its NAME Instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*Write* the word.): Married

6-DATE OF BIRTH: February 10, 1880
(Month) (Day) (Year)

7-AGE: 35 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Edwin Schenck

11-BIRTHPLACE OF FATHER (State or Country): Columbus Ohio

12-MAIDEN NAME OF MOTHER: Gough Carroll

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin F Schenck

(Address) 1007 St Paul St.

15- DEC 25 1915, 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: December 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (~~Inquest, Autopsy~~ or inquiry.) thereon and from the evidence obtained by said (~~Inquest, autopsy~~ or Inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide - gun shot wound of head.
Instantaneous.
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) Hobbs Chambers (Coroner) M. D.

Dec. 24, 1915 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Thomas Garrison Forest
DATE OF BURIAL: 12-26-1915

20-UNDERTAKER: Henry W. Justice Sons Co
ADDRESS: [redacted] Middle & Orchard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90651

CERTIFICATE OF DEATH.

C90651

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mitilda Dawes

(Residence in Baltimore: No. ~~Hanover~~ Mercy Hospital St.; ... yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, July 24, 1859
(Month) (Day) (Year)

7-AGE, 56 yrs. 5 mos. 0 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Saml Collins

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Winter

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Court St.

15- Filed DEC. 25. 1915 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1915, to Dec 24 1915, that I saw h.. alive on Dec 24 1915, and that death occurred, on the date stated above, at 3:00 m.

The CAUSE OF DEATH* was as follows:

I. Pulmonary Tuberculosis

.....

.....

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Syphilis Chronic

..... (Duration) 0 yrs. 1 mos. 3 ds.

(Signed) Edward A. Smith M. D.

Dec 24, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted if not at place of death? Hanover Pa

Former or usual residence Hanover Pa

19-PLACE OF BURIAL OR REMOVAL, Hanover Pa — DATE OF BURIAL, Dec 27, 1915

20-UNDERTAKER Chenoweth Bro — ADDRESS Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90652

CERTIFICATE OF DEATH.

C90652

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 Lakeview ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Michael B Lehman

(Residence in Baltimore: No. 2420 Lakeview ave St.; ..... yrs. Life mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. October 3rd, 1846 (Month) (Day) (Year)

7-AGE. 69 yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Retired Florist

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER. Bernhard Lehman

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Gottlieb

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Benton Lehman

(Address) 2420 Lakeview ave

15- Filed DEC 25 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3rd 191.. , to Dec 23 191.. , that I saw h... alive on Dec 19 191.. , and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY. Arteriosclerosis
(Secondary)

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) ..... Edw F Eckard ..... M. D.

Dec 24, 191.. (Address) 1905 E Madison st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship Ce DATE OF BURIAL, 12/26, 1915

20-UNDERTAKER J Abrams ADDRESS 1611 Bond ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90653

CERTIFICATE OF DEATH.

19 C90653

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2036 E Federal ST. 8 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gottlieb A Ritter

(Residence in Baltimore: No. 2036 E Federal St.: 40 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. April (Month) 4th (Day), 1849 (Year)

7-AGE. 66 yrs. 5 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Silversmith
(b) General nature of industry, business, or establishment in which employed (or employer): Proprietor

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER. Johannes Ritter

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Rosina Weber

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Marie Ritter

(Address) 2036 E. Federal St.

15- Filed DEC 25 1915, 191... ROBERT . KRAUTER, Registrar. Asst. Clerk & Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 22nd (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah L Kurtz M. D. (Coroner.)

Dec 23rd, 1915. (Address) 15 E. Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Cemetery — DATE OF BURIAL, Dec 26th, 1915

20-UNDERTAKER Geo. B. Cook — ADDRESS 1003 W Balto

C90654

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

C90654

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4116 Pennhurst avenue, ST. 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Gaskins,

(Residence in Baltimore: No. 4116 Pennhurst avenue, St.; yrs., 56 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH, February 23d, 1859.
(Month) (Day) (Year)

7-AGE, 56 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Elliott O'D. Poor,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER: May A. Stewart,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry W. Gaskins, husband,

(Address) 4116 Pennhurst avenue,

15- DEC 25 1915 ROBERT . KRAUTER,
Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 23d, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Organic heart disease,
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Maurice H. Kemp, M. D.
(Coroner.)

Dec. 25th 1915 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State. ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery Co. DATE OF BURIAL, Dec. 24 1915

20-UNDERTAKER E. M. Mitchell & Co ADDRESS 1201 W. Lafayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90655

CERTIFICATE OF DEATH.

64 C90655

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Peach alley St., 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wallace

(Residence in Baltimore: No. 905 Peach Alley St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Don't Know, ... (Month) (Day) (Year)

7-AGE, 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Common Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Wallace

(Address) 905 Peach alley

15 DEC 26 1915 Filed ....., 191.....

ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 18, 191, to Dec 24 1915, that I saw h[illegible] alive on Dec 24 1915, and that death occurred, on the date stated above, at 4:30 P.m.

The CAUSE OF DEATH* was as follows:

Senile Paralysis

Cerebral Hemorrhage

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) 3rd attack

(Duration) yrs. mos. ds.

(Signed) L. H. Kraus M. D.

Dec 24 1915. (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Dec 26, 1915

20-UNDERTAKER C. A. Trump & Son

ADDRESS 10 Pr Wm Alley

C90656 HEALTH DEPARTMENT—CITY OF BALTIMORE C90656

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 5 Charles St Ave 22nd. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Cooper

(Residence in Baltimore: No. 306 E. 20th St - unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1886 (Year)

7-AGE 29 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
per E wright
(Informant) Edward Ennalls
(Address) 306 E 20 St

DEC 26 1915 Filed ..... 191.....

ROSKRT . KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Probably Embolism

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Mitral Regurgitation (Coroner) M. D.

Dec 25, 1915. (Address) 3640 Rolandale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Dec. 26, 1915

20-UNDERTAKER Felix B Pyle — ADDRESS 32 E Mulberry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90657

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90657

CERTIFICATE OF DEATH

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No 1933 W. North Ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Percy Wheatley

(Residence in Baltimore: No. 1933 W. North Ave

St.; 58 yrs. 8 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: April (Month) 6 (Day), 1857 (Year)

7-AGE: 58 yrs. 8 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Consolidated Gas Co.

9-BIRTHPLACE (State or country): Balto Maryland

PARENTS

10-NAME OF FATHER: John F Wheatley

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Catherine Weltzheimer

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry D Wheatley

(Address) 2138 Mt Holly St

15. DEC 26 1915 ROBERT J. KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 24 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 3d, 1915, to Dec 24th 1915, that I saw him alive on Dec. 24th, 1915, and that death occurred, on the date stated above, at 1220 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

about 1 1/2 yrs. (Duration)

Contributory (SECONDARY) Uremic Coma

(Duration) — yrs. — mos. 1 ds.

(Signed) Edw. T Timmes M. D.

Dec 24, 1915 (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hyson Mount Cemetery

DATE OF BURIAL: DEC 28 1915

20-UNDERTAKER: Geo R Gerber

ADDRESS: Balto & Fayette Sts.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90658

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C90658

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N. Caroline ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Berry

(Residence in Baltimore: No. 407 N. Caroline St.; 40 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, (Month) (Day), 1859 (Year)

7-AGE: 56 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Genl.

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Jacob Berry

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Eliza Stepney

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harriet Berry

(Address) 407 N. Caroline St.

15- DEC 26 1915 Filed ....., 191 ROBERT . KRAUTER Burial Permit ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 23 (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1915, to, Dec. 22 1915, that I saw him alive on Dec 22 1915, and that death occurred, on the date stated above, at 3.20 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) yrs mos. 7 ds.

Contributory (SECONDARY) (Duration) yrs mos. ds.

(Signed), Robert J. Green M. D.

Dec 24 1915 (Address) 120½ Risgwith St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL: Lowell Cemetery. DATE OF BURIAL: Dec 27 1915

20-UNDERTAKER: Robert A. Elliott ADDRESS: 516 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90659

CERTIFICATE OF DEATH.

120 C90659

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S. Central Av ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank A Courtney

(Residence in Baltimore: No. 315 S. Central Av St.; 44 yrs., 6 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1871 (Year)

7-AGE 44 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wagon Shops
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, George Courtney

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Kate Manders

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Courtney

(Address) 315 S Central Av

15- DEC 26 1915 ROBERT . KRAUSE, Filed ..... 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 16 1915, to Dec 23 1915, that I saw h[illegible] alive on Dec 23 1915, and that death occurred, on the date stated above, at 11½ m.

The CAUSE OF DEATH* was as follows:

[illegible] Chronic Interstitial Nephritis about

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pressure Cerebral [illegible]

(Duration) yrs. mos. 2 ds.

(Signed) Geo Hellis M. D.

12-24, 1915. (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, Dec 26 1915

20-UNDERTAKER John A Moran ADDRESS 2417 E Ann St

C90660

HEALTH DEPARTMENT---CITY OF BALTIMORE

C90660

CERTIFICATE OF DEATH

113

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 503 W Franklin St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Garfield Duncan

(Residence in Baltimore: No. 503 W Franklin St.; 34 yrs. 5 mos. 11 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: July (Month) 12 (Day), 1881 (Year)

7-AGE: 34 yrs. 5 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Manager Saloon
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland Balto

PARENTS

10-NAME OF FATHER: Lehar V Duncan

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Budanse Eckert

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catherine Duncan

(Address) 503 W Franklin St

15- Filed DEC 26 1915 ROBERT F. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 23. (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1914, to Dec 23 1915, that I saw him alive on Dec 23 1915, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

..... (Duration) 1 yrs mos 5 ds

Contributory (SECONDARY) .....

..... (Duration) ... yrs ... mos ... ds

(Signed) M A Wemberg M D

Dec 23 1915 [Address] 1824 Madison Ave

* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 26. 1915

20-UNDERTAKER	ADDRESS
Isaiah Lepper	1600 W North ave

C90661

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90661

43

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 766 St Peter St. 21 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella C Arnold.

(Residence in Baltimore: No. 766 St Peter St. 24 St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED~~ WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: November, 1864 (Month) (Day) (Year)

7-AGE: 51 yrs. one mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE (State or country): City - Balto

PARENTS

10-NAME OF FATHER: Jas Bray

11-BIRTHPLACE OF FATHER (State or country): City

12-MAIDEN NAME OF MOTHER: Helen Amerman

13-BIRTHPLACE OF MOTHER (State or country): City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Howard Arnold
(Address) 766 St Peter St

15-
DEC 26 1915
ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 23, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 11th, 1914, to, Dec 23 1915, that I saw h[illegible] alive on Dec 22, 1915, and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of breast - Operation & Metastatical from

(Duration) 1 yrs. 2 mos. ds

Contributory (SECONDARY) Extension of disease to Pleura

(Duration) yrs. 6 mos. ds.

(Signed) Fred L Blake M. D.

Dec 24, 1915 (Address) 1618 W Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 26, 1915

20-UNDERTAKER: H. J. Eichler & Son — ADDRESS: Lemax North

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90662

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90662

CERTIFICATE OF DEATH

154

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 545 N. Fulton Ave ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William George Camden

(Residence in Baltimore: No. 545 N. Fulton ave St.: 74 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct (Month) 22 (Day), 1841 (Year)

7 AGE: 74 yrs. 2 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Jos Camden

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary B Hurst

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A. Camden

(Address) 545 N Fulton Ave

15 Filed DEC 26 1915 191 ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 12 (Month) 24 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 18th, 1915, to Dec 23 1915, that I saw h[illegible] alive on Dec 23, 1915, and that death occurred, on the date stated above, at 8 40 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 5 yrs. mos. ds.

Contributory (SECONDARY) Cardiac Efficiency

(Duration) yrs. 6 mos. ds.

(Signed) Joseph W Hart M. D.

12. 24, 1915 (Address) 1703 N Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem DATE OF BURIAL: Dec. 26. 1915

20 UNDERTAKER: Wm J Tickner & Sons ADDRESS: North & Penna

C90663

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C90663

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2314 Riggs Ave. ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick C. Helmken.

(Residence in Baltimore: No. 2314 Riggs Ave St.: Life yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	White.	Single

6-DATE OF BIRTH Sept. 4, 1915
(Month) (Day) (Year)

7-AGE ___ yrs. 3 mos. 20 ds. | If LESS than 1 day, ____ hrs. or ____ min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Frederick Helmken

11-BIRTHPLACE OF FATHER (State or country) Balto.

12-MAIDEN NAME OF MOTHER Katherine Flannagan.

13-BIRTHPLACE OF MOTHER (State or country) Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frederick Helmken

(Address) 2314 Riggs Ave

15. Filed DEC 26 1915, 191 ROBERT . KRAUER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec 24, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1915, to, Dec 24 1915, that I saw him alive on Dec 24, 1915, and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:

Marasmus.

(Duration) — yrs. 3 mos. — ds

Contributory (SECONDARY) Gastro Enteritis

(Duration) ... yrs. ... mos. 11 ds.

(Signed) M Baumanstead M. D.

Dec 25, 1915 (Address) 636 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Peters | DATE OF BURIAL Dec 26, 191

20-UNDERTAKER W. Fahey & Sons | ADDRESS 606 Lafayette Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90664

HEALTH DEPARTMENT—CITY OF BALTIMORE

154

C90664

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2230 Pennsylvania ave. ST. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Susanna Kuhl,

(Residence in Baltimore: No. 2230 Pennsylvania ave.

St.; yrs., 83 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed,

6-DATE OF BIRTH, May (Month) 18th (Day), 1834 (Year).

7-AGE. 81 yrs. 7 mos. 6 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER: ? ? ? Stegmann,

11-BIRTHPLACE OF FATHER (State or Country): Germany,

12-MAIDEN NAME OF MOTHER: Unknown,

13-BIRTHPLACE OF MOTHER (State or Country): Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Holland, daughter,

(Address) 2202 Pennsylvania ave.

15 DEC 26 1915 ROBERT . KRAUTER,

Filed....., 191.. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 24th (Day), 1915. (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senile vascular degeneration,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Frederick Stumpf M. D.
(Coroner.)

Dec. 25, 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, Dec 27 1915

20-UNDERTAKER, M. Fahey & Sons — ADDRESS 6 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90665

CERTIFICATE OF DEATH.

90 C90665

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Harford Ave. ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie McFee

(Residence in Baltimore: No. 1116 Harford Ave. St.; 53 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, About 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Robert. McKenna

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary A. O'Brien

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Robert Ryan

(Address) 1116 Harford Ave

15- ROBERT J. KRAUTER Burial Permit Clerk

Filed DEC 26 1915, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 th 1915, to Dec 25 th 1915, that I saw h[illegible] alive on Dec 23 rd 1915, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chr. Bronchitis

(Duration) yrs. ? mos. ds.

(Signed) Edward M. C Parker M. D.

Dec 26, 1915. (Address) 1051 Augusta St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetery

DATE OF BURIAL, Dec. 28, 1915

20-UNDERTAKER Henry Horch Son

ADDRESS 1301 E Eager

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C90666

C90666

1 PLACE OF DEATH Carmelite Convent

REGISTERED No. C

CITY OF BALTIMORE (No. Caroline & Biddle St.: 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sister Ursula of St Albert (nee Elizabeth Lent Poleg

(Residence in Baltimore: No. Caroline & Biddle St St.: 45 yrs. — mos. — ds.)

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single.

6 DATE OF BIRTH: March 2nd (Month) (Day) 1835 (Year)

7 AGE: 80 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Religious Sister
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Anthony Robig

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Chowanca

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rev. Mother

(Address) Carmelite Convent

Filed DEC 26 1915, 191

ROBERT J. KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December (Month) 24th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 2nd, 1915, to Dec 24th 1915, that I saw h— alive on Dec. 24th, 1915, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Influenza.

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Pulmonary oedema

(Duration) yrs. mos. 2 ds.

(Signed) J. A. Shaland M. D.

Dec 24th, 1915 (Address) 40 W Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Dec. 27, 1915

20 UNDERTAKER: Henry Storck Son

ADDRESS: 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C90667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C90667

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3313 Beech Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blasie Gunther Jones

(Residence in Baltimore: No. 3313 Beech Ave St.; life yrs.... mos.... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, January 8th, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wm. Gunther

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Mary E. Hackett

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. J. Jones

(Address) 3313 Beech Ave

15- Filed DEC 26 1915 ROBERT . KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 14 1915, to Dec 24 1915, that I saw h[illegible] alive on Dec 24 1915, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatism

Mitral Regurgitation

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Robt. L. Mantz M. D.

Dec 26, 1915. (Address) 5121 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Dec. 27, 1915

20-UNDERTAKER C. M. Mitchell & Co. — ADDRESS 1201 W. Fayette St.

C90668

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90668

CERTIFICATE OF DEATH

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2048 Wilkens Ave ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Rosenstein

(Residence in Baltimore: No. 2048 Wilkens Ave St.: 4 yrs. — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: 64 yrs. — mos. 1 ds. If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION (a) Trade, profession, or particular kind of work: Housework (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Adolphus Hertz

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. W. Rosenstein

(Address) 2048 Wilkins Ave

15-DEC 26 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 12 (Month) 24 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1915, to Dec 24th 1915, that I saw h[er] alive on Dec 24, 1915, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) Coma

(Duration) — yrs. — mos. 1 ds.

(Signed) Harry Goldberg M. D.

12-25, 1915 (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2048 Wilkins Ave

19-PLACE OF BURIAL OR REMOVAL: Hebrew Bldn

DATE OF BURIAL: Dec 26, 1915

20-UNDERTAKER: S. Levinson Bro

ADDRESS 1101 E Balto St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90669

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90669

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Aggro

(Residence in Baltimore: No. 920 Fawn St St.: ...yrs. 1 mos. ds.) Fila

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, November 20, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland Balto

PARENTS.

10-NAME OF FATHER, Phillip Aggro

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Salvatora Miraglia

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hosp

15- Filed DEC 26 1915 ROBERT P. BRATTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1915, to Dec 24 1915, that I saw her alive on December 24 1915, and that death occurred, on the date stated above, at 2.50 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, a cute primary

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Incomplete Abscess

(Duration) since birth yrs. mos. ds.

(Signed) Gilbert W. Rovenstine M. D.

Dec 24, 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 2 ds. In the State ...yrs. ...mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 920 Fawn St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincents Cem.	Dec 26 1915

20-UNDERTAKER	ADDRESS
Lilly & Gaile	403 S. Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90670

CERTIFICATE OF DEATH.

40 C90670

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2349 Frederick Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Elizabeth Mayer

(Residence in Baltimore: No. 2349 Frederick Ave St.; 56 yrs., 6 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 7 (Day), 1859 (Year)

7-AGE, 56 yrs. 6 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry A Kabe

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Klork

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Mayer

(Address) 2349 Frederick Ave

15- Filed DEC 26 1915, 191 KOBERT . KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1915, to Dec 25 1915; that I saw her alive on Dec 24 1915, and that death occurred, on the date stated above, at 5 12 m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Exploratory incision

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) ..... M. D.

Dec 27, 1915. (Address) 514 Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Dec 28, 1915

20-UNDERTAKER Jos B Cook

ADDRESS 1003 W Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90671

CERTIFICATE OF DEATH.

14 x 41 C90671

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Port Infirmary 14 ST.; ..... WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie D. Roper.

(Residence in Baltimore: No. Union Port Infy. St.: ..... yrs., 3 mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... May 25, 1859
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
56 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Joseph Slough

11-BIRTHPLACE OF FATHER (State or Country). Pennsylvania

12-MAIDEN NAME OF MOTHER Eliz. Golden

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... H. D. Roper

(Address) Lineboro Md

15- Filed DEC 26 1915, 191.... ROBERT J. KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1915, to Dec 25 1915, that I saw him alive on Dec 25 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

..... Carcinoma of Sigmoid .....

..... (Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction (Result of or a Fact)

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) ..... H. C. Chaffee ..... M. D.

Dec. 25, 1915 (Address) Union Port Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Lineboro, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lineboro Md	Dec 28, 1915
20-UNDERTAKER Lee R. Cook	ADDRESS Westminster

(Over)

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90672

CERTIFICATE OF DEATH.

64 C90672

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Mosher St ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul E. Meeks

(Residence in Baltimore: No. 1907 Mosher St St.; 38 yrs., 10 mos. 9 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, ~~WIDOWED,~~ OR ~~DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, Feb (Month) 16 (Day), 1877 (Year)

7-AGE, 38 yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Police
(b) General nature of industry, business, or establishment in which employed (or employer)..... Sergeant.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John H. Meeks

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Annie C. Egger

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara S. Meeks

(Address) 1907 Mosher St

15- DEC 26 1915 Filed ROBERT J. KRAUTER, Burial Permit Clerk. 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ during the last three ~~years~~ months of his illness, that I saw h~~im~~ alive on Dec 25 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Death was due to Cerebral Hemorrhage and Died three hours after his attack (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)..... (Duration)..... yrs..... mos..... ds.

(Signed) D. R. Davis M. D.

Dec 26, 1915. (Address) 824 N Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Dec 27, 191.5

20-UNDERTAKER, Jos. D. Cook ADDRESS 1005 N. Balto

Spec.—5-19-13—M. & T.—500 Bks.

C90673

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C90673

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 669 W. Barre St.; 22 WARD) REGISTERED NO. C

2-FULL NAME John Steinberger

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 669 W. Barre. St.; 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct. 14th, 1864
(Month) (Day) (Year)

7-AGE, 74 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baker.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Baker Business

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Steinberger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Maria Kühl

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Steinberger

(Address) 669 W. Barre St.

15-DEC 26 1915 Filed....., 191.... ROBERT . KRAUTER Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 24th, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1915, to Dec. 24, 1915, that I saw him alive on Dec. 24, 1915, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. 6 mos. ds.

(Signed) W. G. Steinberger M. D.

12-25-, 1915. (Address) 692 Columbus

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Dec. 27th, 1915.

20-UNDERTAKER Mrs. John H. Teufel ADDRESS 801 W. Fayette St

I. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C90674

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 E. Biddle St. 8 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harman H. Sauters

(Residence in Baltimore: No. 2318 E. Biddle St.; 60 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 20th, 1839 (Month) (Day) (Year)

7-AGE, 76 yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Capt.
(b) General nature of industry, business, or establishment in which employed (or employer): Steam Boat Co.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma P. Sauters

(Address) 2318 E. Biddle

15- DEC 26 1915 Filed....., 191.... ALBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24., 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17 1915, to Dec 24 1915; that I saw h^ alive on Dec 24 1915; and that death occurred, on the date stated above, at 3.50 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy One month

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Dec 25, 191.5 (Address) 301 N Pat Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Dec 26 1915

20-UNDERTAKER Philip Henry ADDRESS 2016 Orleans St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 90675 — 40 C 90675

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 St Peter St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Olszewski

(Residence in Baltimore: No. 724 St Peter St St.; 30 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 12, 1867
(Month) (Day) (Year)

7-AGE, 48 yrs. 1 mos. 11 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER. Wm Olszewski

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alma Olszewski

(Address) 724 St Peter St

15- Filed DEC 26 1915 KOERBI . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23, 191[illegible]
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 191[illegible], to Dec 23 191[illegible], that I saw him alive on Dec 21 191[illegible], and that death occurred, on the date stated above, at 11, 30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver Exploratary
Metastasis
Exhaustion (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. 2 mos. ds.

(Signed) Edw Emerson M. D.

517 Scott St (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bal Cemetery	Dec 26, 191[illegible]
20-UNDERTAKER	ADDRESS
Geo Leinbach & Co	647 W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C90676

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Keyser ST.; 8 WARD)

2-FULL NAME Leon Hilliard

(Residence in Baltimore: No. 2003 Keyser St.; 1 yrs., mos. 17 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Dec (Month) 10 (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 0 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Harry Hilliard

11-BIRTHPLACE OF FATHER (State or Country), Balto md.

12-MAIDEN NAME OF MOTHER Bertha Shine

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Hilliard

(Address) 2003 Keyser St

15- Filed DEC 26 1915, 191. ROBERT J. BRADLEY, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1915, to Dec 24 1915, that I saw h[illegible] alive on Dec 23 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

(a) Broncho-Pneumonia

(b)

5 days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitro-colitis

(Duration) yrs. 0 mos. 6 ds.

(Signed) Edward J. Turner M. D.

Dec 27, 191[illegible] (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Dec 28, 1915
20-UNDERTAKER	ADDRESS
Milton Davis	1607 Mc Cleary Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90677 — 91 — C90677

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1186 Hanticoke ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Marg. Miller.

(Residence in Baltimore: No. 1186 Hanticoke St St.; yrs. 9 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Feb. 28, 1915 (Month) (Day) (Year)

7-AGE, yrs. 9 mos. 27 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Herb. Miller

11-BIRTHPLACE OF FATHER (State or Country) Baltimd

12-MAIDEN NAME OF MOTHER Lena. Irene.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Addie Lusby

(Address) 1121 Cleveland St

15-

Filed DEC 26 1915 ROBERT T. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 25, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec. 21 191 5 to Dec 25 191 5 that I saw h[illegible] alive on Dec 25 191 5 and that death occurred, on the date stated above, at 8 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 4 ds.

CONTIMBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John G. Schwaningberg M. D.

Dec 25, 1915 (Address) 1120 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Dec 28, 1915

20-UNDERTAKER William Cook — ADDRESS 502 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90678

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90678

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 518 N. Fremont ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Sykes

(Residence in Baltimore: No. 518 N. Fremont St.; 30 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Jan 13, 1854
(Month) (Day) (Year)

7-AGE, 61 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Joseph Sykes

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Martha Seaton

13-BIRTHPLACE OF MOTHER (State or Country) England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Addie Sykes

(Address) 518 N. Fremont

15-

Filed DEC 26 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1915, to Dec 25 1915, that I saw h[illegible] alive on Dec 24 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
(Acute)

about

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. E. Kunkel M. D.

Dec 26, 1915. (Address) 602 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill DATE OF BURIAL, Dec 27, 1915.

20-UNDERTAKER, Geo. W. Little ADDRESS 531 N. Fremont Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90679

CERTIFICATE OF DEATH.

91 C90679

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 Catherine St. ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grover Williams Emery

(Residence in Baltimore: No 304 Catherine St. St.; — yrs., 7 mos. 4 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 19, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Grover C. Emery

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Augusta Knopf

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agusta Emery

(Address) 304 Catherine St.

15- Filed DEC. 26. 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1915, to Dec 23 1915, that I saw him alive on Dec 22 1915, and that death occurred, on the date stated above, at 12 30 Noon

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. 3 mos. 23 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ....yrs. 1 week mos. ds.

(Signed) Norbert Mirack M. D.

Dec 24, 1915. (Address) 2500 Auburn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park. DATE OF BURIAL, Dec. 26., 1915.

20-UNDERTAKER Geo. L. Schwab & Bro. ADDRESS 210 Fulton Ave

C90680

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C90680

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 N Chapel ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Killian

(Residence in Baltimore: No. 1011 N Chapel St.; yrs. 7 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH June 10 (Month) (Day), 1915 (Year)

7-AGE ..... yrs. 7 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: James Killian

11-BIRTHPLACE OF FATHER (State or country): Bohemia

12-MAIDEN NAME OF MOTHER: Elizabeth Fuka

13-BIRTHPLACE OF MOTHER (State or country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Fuka

(Address) 1011 N Chapel St.

15- DEC 26 1915 ROBERT . KRAUTER, Burial Permit Clerk
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec 24 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21, 1915, to, Dec 24, 1915, that I saw h.... alive on Dec 25 1915, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY) Exhaustion, Convulsions

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Chas B. Fuka M. D.

Dec 26, 1915 [Address] 1304 Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 27, 1915

20-UNDERTAKER: Frank Conachen — ADDRESS: 1704 Gladstone

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Sarah Paraway

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90681

CERTIFICATE OF DEATH.

91 C90681

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 Stirling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah [illegible] Paraway

(Residence in Baltimore: No. 945 Stirling St.; 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September 1st (Month) (Day), 1845 (Year)

7-AGE, 35 years ...yrs...mos...ds.

If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic (Private Family)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, William Evans Paraway

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Minnie Williams

13-BIRTHPLACE OF MOTHER (State or Country), Galveston Texas

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Della Dailey

(Address) No. 946 Stirling st.

15- DEC 26 1915 ROBERT F. KRAUTER, Registrar of Vital Statistics.

Filed....., 191....., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1915, to Dec 24 1915, that I saw her alive on Dec 24 1915, and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Cold Heart failure

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) Cold

(Duration) ...yrs...mos. 3 ds.

(Signed) Dr. J. W. Kennard M. D.

Dec 25, 1915. (Address) 708 Eutaw st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon Cemetery

DATE OF BURIAL, Dec 28, 1915

20-UNDERTAKER Felix B Frye

ADDRESS 102 E Mulberry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C90682

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 866 Pine St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence N. Ford

(Residence in Baltimore: No. 866 Pine St. St.; 2 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) S

6-DATE OF BIRTH, Febr. 12, 1907
(Month) (Day) (Year)

7-AGE, 8 yrs. 3 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md - Balto

PARENTS.

10-NAME OF FATHER, John H. Ford

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mabel Robate

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Ford

(Address) 866 Pine St.

15. Filed DEC 26 1915 GUSSIE KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 20 1915, to Dec. 25 1915, that I saw him alive on Dec. 24 1915, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) .... yrs. 5 mos. .... ds.

CONTRIBUTORY (Secondary) Colon Pneumonia

..... (Duration) .... yrs. .... mos. 5 ds.

(Signed) Jno G. Stiefel M. D.

Dec 25, 1915 (Address) 706 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cemetery

DATE OF BURIAL, Dec 28, 1915

20-UNDERTAKER Adley B Fyfe

ADDRESS 1128 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90683

CERTIFICATE OF DEATH.

21 C90683

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. H. Edwards

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., 1 mos. 9 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, September 14, 1857
(Month) (Day) (Year)

7-AGE, 58 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Producer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Wm. H. Edwards

11-BIRTHPLACE OF FATHER (State or Country), N.Y.

12-MAIDEN NAME OF MOTHER Catherine Tappan

13-BIRTHPLACE OF MOTHER (State or Country), N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15. DEC 26 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 15 1915, to December 26 1915, that I saw him alive on December 26 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Mitral Insufficiency

..... (Duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Peritonitis

..... (Duration) yrs. 6 mos. ds.

(Signed) Nathaniel H. Bruch M. D.

Dec. 26, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 9 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Southwick Va

19-PLACE OF BURIAL OR REMOVAL, Brooklyn N. Y. DATE OF BURIAL, Dec. 26, 1915.

20-UNDERTAKER Albert E. Fuller ADDRESS 221 N Broadway

FILMED

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90684

C90684

CERTIFICATE OF DEATH.

89

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 East ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Pecora

(Residence in Baltimore: No. 317 East st St.: 1 yrs., 6 mos., 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 14 (Day), 1915 (Year)

7-AGE, 1 yrs. 6 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Frank Pecora

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Tina Reina

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Pecora

(Address) 317 E. ~~North~~ East st.

15- DEC 26 1915 Filed ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) / 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/20 1915, to 12/25 1915, that I saw h (illegible) alive on 12/24 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

acute bronchitis

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. Tait M. D.

12/26/15 191... (Address) 210 Pearl st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery

DATE OF BURIAL, Dec 25, 1915

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S·A·F·E
KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

C90685

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90685

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 North Side of Merrymans Lane 10 near Abell Ave WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena Knight

(Residence in Baltimore: No. Merrymans Lane St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Sept 27 (Month), (Day), 1825 (Year)

7-AGE, 90 yrs. 2 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, F. J. Henly

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rachel Scott

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. T. Knight

(Address) Merrymans Lane

15- Burial Permit [illegible]

Filed DEC 26 1915 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 25 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1915, to Dec 24 1915, that I saw her alive on Dec 24 1915, and that death occurred, on the date stated above, at 12-52 m.

The CAUSE OF DEATH* was as follows:

(a) Exhaustion

.....

.....

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) M. E. Douglass M. D.

12-25-15, 191... (Address) The Wallace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore DATE OF BURIAL, Dec. 27., 1915

20-UNDERTAKER H. C. Wiedefeld ADDRESS 914 Guilford Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90686

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90686

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 7446 Montebello Ave ST. 9 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Klug

(Residence in Baltimore: No. 7446 Montebello Ave. Life St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word): Married

6-DATE OF BIRTH: August (Month) 16 (Day), 1838 (Year)

7-AGE: 77 yrs. 4 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Harnessmaker
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS.

9-BIRTHPLACE, (State or Country): Baltimore

10-NAME OF FATHER: John Klug

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mc Kuodn

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Klug (Signed)

(Address) 7446 Montebello Ave

15- ROBERT J. KRAUTER, Burial Permit Clerk

DEC 26 1915 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: December (Month) 24th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arterio-sclerosis

(Duration) yrs. mos. ds.

(Signed) Wyles M. Savage, M. D. (Coroner)

Dec. 25 1915 (Address) 1719 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: St. Mary's Rooms. DATE OF BURIAL: Dec. 27th 1915

20-UNDERTAKER: H. C. Birdsfield ADDRESS: 914 Greenmount Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90687

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90687

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1338 Wirt St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Wilson

(Residence in Baltimore: No. 624 E Eager St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 26th, 1858.
(Month) (Day) (Year)

7-AGE, 56 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo W. Wilson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E Foster

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Mary Wilson
(Address) 624 E. Eager St.

15-
Filed DEC 26 1915 ROBERT J. KRAUER
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to h.s d. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah J. Thomas M. D.
(Coroner.)
Dec 25th, 1915. (Address) 15 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Dec. 28th, 1915

20-UNDERTAKER H. C. Friedfeld

ADDRESS 914 Greenmount Ave

Burial Permit Issued

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 C90688

C90688

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1119 W. Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen F. Boyd

(Residence in Baltimore: No. 1119 W. Lombard St.; 69 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Not known, (Month) , 1 (Day) (Year)

7-AGE, 69 yrs. mos. da.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, William Watkins.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary High

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Boyd

(Address) 1119 W. Lombard St

15- Filed DEC 27 1915 191. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 25, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10, 1915, to Dec. 25, 1915, that I saw her alive on Dec. 25, 1915, and that death occurred, on the date stated above, at 1-30 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) J. L. Thompkins M. D.

Dec 26, 1915. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem. DATE OF BURIAL, Dec 28, 191.

20-UNDERTAKER John J. Wilde ADDRESS 1200 W. Lombard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90689

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90689

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 Ruper Place ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Orf

(Residence in Baltimore: No. 1301 Ruper Place St.; yrs., 6 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct (Month) 22 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
yrs. 2 mos. 3 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, August Orf

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Orf

(Address) 1301 Ruper Place

15- DEC 27 1915 Filed, 191.. Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1915, to Dec 25 1915, that I saw her alive on Dec 24 1915, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Heartheart
Acute Gastritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion (Duration) yrs. mos. ds.

(Signed) Edw Grossbeck M. D.

Dec 26 1915. (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetary	Dec 27, 1915

20-UNDERTAKER Wm J Fields Sons

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90690

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90690

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 Sexton Court ST.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Reeves

(Residence in Baltimore: No. 722 Sexton Court St.; 20 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, unknown

....., 1.....
(Month) (Day) (Year)

7-AGE, 38 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Sinclair

(Address) 722 Sexton Court

15-
Filed DEC 27 1915, 191... MARY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15, 1915, to Dec 23, 1915, that I saw him alive on Dec 23 1915, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Primary—Lagrippe followed by
Lobar Pneumonia (double)
Immediate—Exhaustion

(Duration) yrs. mos. 8 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 8 da.

(Signed) J. P. Strong M. D.

12/24/1915. (Address) 506 Hanover st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W E Byrnes DATE OF BURIAL DEC 27 1915, 191...

20-UNDERTAKER Geo N Hooper ADDRESS 609 Conda st

C.B.D. Correction of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90691

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

170

C90691

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 W Franklin ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Mayer

(Residence in Baltimore: No. 1701 W. Franklin St.; 50 yrs. 0 mos. 26 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	white	Widow

6-DATE OF BIRTH Feb (Month) 2 (Day) 1865 (Year)

7-AGE 50 yrs 0 mos 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Balto. Md

PARENTS

10-NAME OF FATHER John Peterson

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Lena Lunrod

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Mayer

(Address) 1701 W Franklin St

15-

Filed 12 27 1915 BURIAL PERMIT AND ADDRESS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH December (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August, 1915, to, December 26 1915, that I saw her alive on December 25 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Nephritis interstitialis

(Duration) yrs 4 mos ds.

Contributory (SECONDARY) Myocarditis

(Duration) yrs 1 mos ds.

(Signed), Dr. A. K. A. Mayer M. D.

Dec 28, 1915 [Address] 2438 Eutaw Place

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Olivet	Dec 28, 1915
20-UNDERTAKER Harry W. Ellen	ADDRESS 1944 W. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C90692

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C90692

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1751 Mulliken St., 7 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice H McCabe

(Residence in Baltimore: No. 1751 Mulliken St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE, About 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer) Keeper

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Deaver

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Frances Crawford

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Barnes

(Address) 1751 Mulliken St

15-

Filed DEC 27 1915 191 HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 191 5, to Dec 25 191 5, that I saw h.. alive on Dec 25 191 5, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

7 Days (Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Toxemia of Pregnancy

(Duration) yrs. mos. ds.

(Signed) J. Edward Dryden M. D.

Dec 26, 1915. (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lane Cemetery

DATE OF BURIAL, Dec 27, 1915

20-UNDERTAKER John A. Pickup

ADDRESS 1005 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C30693

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C30693

94

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 516 W Preston St.: 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert White

(Residence in Baltimore: No. 516 W Preston St.: Life yrs. mos. ds.)

516

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE WITH UNFADING INK. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	X

6-DATE OF BIRTH June 25 (Month) (Day), 1915 (Year)

7-AGE X yrs. 6 mos. , ds. If LESS than 1 day, ... hrs. or min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work X

(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER John White

11-BIRTHPLACE OF FATHER (State or country) Mayland

12-MAIDEN NAME OF MOTHER Grace Williams

13-BIRTHPLACE OF MOTHER (State or country) Mayland

14-I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Rook

(Address) 516 W Preston

15 Filed DEC 27 1915, 191 MARY O ANDREWS, Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH DEC 25 1915, 191 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from DEC 21 1915, 191 , to DEC 25 1915 191 , that I saw h(M)alive on DEC 24 1915, 191 , and that death occurred on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lungs

(Duration) X yrs. X mos. One day

Contributory (SECONDARY) Probably Heart

(Duration) yrs. mos. ds.

(Signed), O. H. Duker M. D.

DEC 25 1915 (Address) 828 E. NORTH AVE.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Dec 29, 1915
20-UNDERTAKER John A. Bisley	ADDRESS 1107 Druid

Spec.—8-24-14—M. & T.—2000 Bks.

C90694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C90694

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward W. Jackson

(Residence in Baltimore: No. 2823 Remington ave St.; ..... yrs., 9 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Uncertain March 25, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 9 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Edward W. Jackson.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Annie Hall.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Hall

(Address) 2823 Remington Ave,

15- DEC 27 1915 HARRY O. ANDREWS,
Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1915, to Dec 25 1915, that I saw h.. alive on Dec 24 1915, and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:
1 Acute Cardiac Dilatation
Duration 30 min.
.....
..... (Duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Broncho-Pneumonia
..... (Duration) ... yrs. ... mos. 8 ds.

(Signed) Frank E. Shipley M. D.
Dec ....., 191... (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. 9 mos. ... ds.
Where was disease contracted, if not at place of death? 2823 Remington ave
Former or usual residence 2823 Remington ave

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, DEC 27 1915, 191...

20-UNDERTAKER Samuel T. Hemsley ADDRESS 678 N. Eddle

CA imp.

EDITOR'S NOTE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very ... of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90695 C90695

CERTIFICATE OF DEATH.

89 REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 S. East Ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen L. Boon

(Residence in Baltimore: No. 1116 S. East Ave St.; 1 yrs., 7 mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Mar. (Month) 18 (Day) 1914 (Year)

7-AGE, 1 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto.

PARENTS.

10-NAME OF FATHER. Chas. E. Boon

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER Mary Spann

13-BIRTHPLACE OF MOTHER (State or Country). Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. E. Boon

(Address) 1116 S. East Ave

15- Filed DEC 27 1915, HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1915, to Dec 25 1915, that I saw h[illegible] alive on Dec 25 1915, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

..... asphyxia
..... tracheitis
..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Capillary Bronchitis
..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) ..... M. D.

26 Dec., 1915. (Address) 1078 Darnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Wh. Carmel	Dec. 28 1915
20-UNDERTAKER	ADDRESS
Kendall Lippel & Son	330 S. Bond St.

Spec.—8-24-14—M. & T.—2000 Bks.

C90696

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90696

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Lamont av. St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Kelly

(Residence in Baltimore: No. 1623 Lamont av. Sta 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, Don't Know
(Month) (Day) (Year)

7-AGE, About 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland ~~Penna~~

PARENTS.

10-NAME OF FATHER, James Kelley

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kelley

(Address) 1623 Lamont ave

15-

Filed DEC 27 1915, 191..

Burial Permit Director.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1915, to Nov. 21, 1915, that I saw h.. alive on Nov. 21, 1915, and that death occurred, on the date stated above, at 2.15 a. m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Carcinoma of Stomach

(Duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin B. Tenby M. D.

Dec. 26, 1915. (Address) 1223 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Bethesda Cemetery

DATE OF BURIAL, Dec. 29, 1915

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Hayward Ave.

N. B.—Each item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90697

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90697

CERTIFICATE OF DEATH.

157

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1240 Hargest ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian M. Stine

(Residence in Baltimore: No. 1240 Hargest St.: yrs. 40 mos. 15 ds.)

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 10 (Day), 1875 (Year)

7-AGE, 40 yrs. 6 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robert George

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret O'Hara

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Stine

(Address) 1240 Hargest Ave

15-

Filed DEC 27 1915, 191.... HARRY O. ARTHURS, Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Edwin L. Emerich M. D. (Coroner)

Dec 26, 1915. (Address) 114 N. Milton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Dec 28 1915
20-UNDERTAKER George J. Ruth	ADDRESS 1735 Harford ave.

Spec.—5-19-13—M. & T.—600 Bks.

C90698

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90698

CERTIFICATE OF DEATH.

34

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Cabin ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A. Morris

(Residence in Baltimore: No. 415 Cabin ave St.; 12 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, August (Month) 18 (Day), 1841 (Year)

7-AGE, 74 yrs. 4 mos. 7 ds. If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, md

PARENTS.

10-NAME OF FATHER, John Carnes

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Nista Sheldon

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ida M. Cauley

(Address) 415 Cabin ave

15- DEC 27 1915

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1915, to Dec 25 1915, that I saw her alive on Dec 23 1915, and that death occurred, on the date stated above, at 12 25 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs
Acute Fatal Case (Right)

(Duration) yrs. 8 mos. 9 ds.

CONTRIBUTORY (Secondary) Senile Marasmus

(Duration) yrs. 1 mos. ds.

(Signed) Harry Hyde M. D.

Dec 28, 1915. (Address) 1024 E North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Loudon Park Cemetery DATE OF BURIAL, Dec 28, 1915

20-UNDERTAKER John B. Spence ADDRESS 1325 N. Carlton St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90699 C90699 62

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1809 E. Chase ST.; ..... WARD) 7

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah Hilton

(Residence in Baltimore: No. 1809 E. Chase St.; 90 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 2 (Day), 1861 (Year)

7-AGE, 54 yrs. 8 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... P. O.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Elijah Hilton Sr.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Kitty Shipley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lillie C. Hilton
(Address) 1809 E. Chase St.

15- MARK'D ADDRESS,
Filed DEC 27 1915 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July Dec (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1915, to Dec 25 1915, that I saw h[im] alive on Dec 22 1915, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:
Locomotor Ataxia
.....
.....
..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Failing Heart
..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Geo. F. Taylor M. D.
Dec 25, 1915. (Address) 1254 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Dec 28, 191 5

20-UNDERTAKER Zickler & Zickler — ADDRESS 1739 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2,500 Bks.

C90700

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90700

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.: 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Appel

(Residence in Baltimore: No. 930 S. Clinton St St.: 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. June (Month) 9 (Day), 1894 (Year)

7-AGE. 21 yrs. 6 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Philadelphia

PARENTS.

10-NAME OF FATHER, Otto Jahde

11-BIRTHPLACE OF FATHER (State or Country), Ger.

12-MAIDEN NAME OF MOTHER Bertha Pedrowsky

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Appel

(Address) 930 S Clinton St

15- Filed DEC 27 1915 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1915, to Dec 23 1915, that I saw h[illegible] alive on Dec 23 1915, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

& Uremia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 1 ds.

(Signed) H. Walter F. Wiener M. D.

Dec 24 1915 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 930 S. Clinton St

19-PLACE OF BURIAL OR REMOVAL. Mt Carmel Cem

DATE OF BURIAL, Dec 27, 1915

20-UNDERTAKER Lilly & Zeiler

ADDRESS 4037 Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90701

164

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1946 Edmondson Ave ST.; 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Magdalena Hanzalik

(Residence in Baltimore: No. 1946 Edmondson Ave St.; 20 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (If ever the word): Widow

6 DATE OF BIRTH: November 18th, 1838 (Month) (Day) (Year)

7 AGE: 77 yrs. 1 mos. 8 ds. If LESS than 1 day, ——hrs. or ——min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Reina, Austria

PARENTS

10 NAME OF FATHER: Joseph Ullrich

11 BIRTHPLACE OF FATHER (State or country): dont know

12 MAIDEN NAME OF MOTHER: Magdalena Caspar

13 BIRTHPLACE OF MOTHER (State or country): dont know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fannie Blank

(Address) 1946 Edmondson Ave

15.

Filed ——, 191—

MARRY O ADDRESS

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 26th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1915. to. Dec 26th 1915. that I saw her alive on Dec 26th, 1915. and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH* was as follows:

Shock & Cardiac Failure

O.K. J. Frederick Kempel, M.D.

(Duration) yrs. mos. ds

Contributory (SECONDARY) Ptomaine poisoning from eating Chicken

(Duration) yrs. mos. ds.

(Signed). Amelia V. Zimmerman M. D.

Dec 26th, 1915 (Address) 1805 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ——yrs. ——mos. ——ds. In the State ——yrs. ——mos. ——ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 28, 1915

20 UNDERTAKER: H. Fechheimer Sr — ADDRESS: Kennedy Nath

C90702 HEALTH DEPARTMENT—CITY OF BALTIMORE 54 C90702

CERTIFICATE OF DEATH

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2448 Maryland Ave ST 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ellas Linthicum

(Residence in Baltimore: No. 2448 Maryland ave St.; yrs. 2 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: About 69 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Registered

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: John Linthicum

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Matilda Hare

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C/o Linthicum
(Address) 2448 Maryland Ave

15 Filed DEC 27 1915 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 25th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1915, to Dec 25 1915, that I saw h[illegible] alive on Dec 25, 1915, and that death occurred, on the date stated above, at 7.35 P m.
The CAUSE OF DEATH* was as follows:
Pernicious Anaemia

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) C. E. Linthicum M. D.
Dec 26, 1915 (Address) 1008 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Dec 27, 1915

20 UNDERTAKER: H. Thalheimer Sons | ADDRESS: Penna Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90703 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C 90703

City of Baltimore (No. 2226 N. Calvert St.: 12 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Josiah F. Beard

(Residence in Baltimore: No. 2226 N. Calvert St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct 20, 1849 (Month) (Day) (Year)

7 AGE: 66 yrs. 2 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): New Hampshire

PARENTS

10 NAME OF FATHER: Charles R. Beard

11 BIRTHPLACE OF FATHER (State or country): New Hampshire

12 MAIDEN NAME OF MOTHER: Betsy Woodbury

13 BIRTHPLACE OF MOTHER (State or country): New Hampshire

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. M. Beard
(Address) 2435 Maryland Ave

15. Filed DEC 27 1915, 191 HARRY O. ANDREWS, By [illegible] Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 25, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1915, to Dec 25 1915, that I saw h[illegible] alive on Dec 25, 1915, and that death occurred, on the date stated above, at 3:30 p.m.
The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY) Cirrhosis of Liver

(Duration) 3 yrs. mos. ds.

(Signed) Geo. M. Beard M.D.

191 (Address) 2435 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Louden Park — DATE OF BURIAL: Dec 27, 1915

20 UNDERTAKER: E. M. Mitchell & Co. — ADDRESS: 1201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

80 C90704

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90704 81

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1443 N. Bond, ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvator A Cimino Sr

(Residence in Baltimore: No. 1443 N. Bond St.; 60 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be particular to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Aug 11 (Month) (Day), 1844 (Year)

7-AGE, 71 yrs. 4 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Andrew Cimino

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Barbara Jan

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Salvator Cimino Jr.

(Address) 1443 N. Bond St

15-

Filed Dec 27, 1915

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) / 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11/10 1915, to 11/26 1915, that I saw h... alive on 11/26 1915, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

.....

Cardiac paralysis

.....

..... (Duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191... (Address) 210 E Pearl St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Vincent

DATE OF BURIAL, Dec. 28, 1915

20-UNDERTAKER Robt Zumer

ADDRESS 1424 Bway

Spd.—8-24-14—M. & T.—2000 Bks.

C90705 C90705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1829 Edmondson Ave St.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary L. Spicer

(Residence in Baltimore: No. 1829 Edmondson Ave St.; 40 yrs. — mos. — da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ——— (Month) ——— (Day) 1862 (Year)

7-AGE, 53 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Posey

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jno Posey

(Address) 1829 Edmondson Ave

15-

Filed DEC 27 1915, 191— MABEL D. AHLBERG, Official Certificate Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 25th, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 1st 1915, to Dec 25th 1915, that I saw h[er] alive on Dec 25th 1915, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy
Cerebral Hemorrhage
(Duration) ... yrs. ... mos. 5 da.
CONTRIBUTORY (Secondary) Paralysis of Right Side
(Duration) ... yrs. 1 mos. 25 da.

(Signed) Ethel L. Mortimer M. D.
Dec 26th 1915. (Address) 5201 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Marys Cemetery — DATE OF BURIAL, DEC 27 1915

20-UNDERTAKER Geo A Gerber — ADDRESS Bath & Hoyt Sts

C90706

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90706

CERTIFICATE OF DEATH.

X 182

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Md Hosp ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Smith

(Residence in Baltimore: No. Annapolis Md. St.; yrs., 1 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word): Single

6-DATE OF BIRTH, Unknown (Month), (Day), 1893 (Year)

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Annapolis Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Barnett

(Address) 1366 Eathoum St

17- DEC 27 1915 Filed, 191 HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound 2 Brain (Homicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Fostes M. D. (Coroner.)

Dec 24, 191.5 (Address) 242 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS):

At place of death yrs. mos. 2 ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? 213 W Hamburg St

Former or usual residence Annapolis Md

19-PLACE OF BURIAL OR REMOVAL, Annapolis a.a. Md — DATE OF BURIAL, Dec 27, 1915

20-UNDERTAKER James H Dennis — ADDRESS 1303 Preston

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90707 C90707

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levina Clowdy

(Residence in Baltimore: No. 1813 Vine St.; 20 yrs., ... mos., ... da.)

(If not in Baltimore give State or Country)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1884. (Year)

7-AGE, 31 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... (Domestic)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo Young

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Venetta Grey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Deceased

(Address) Hosp. Records

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1915, to Dec 25 1915, that I saw h[illegible] alive on Dec 25 1915, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

..... Acute Endocarditis .....

.....

..... (Duration) ..... yrs. ..... mos. 1 ... da.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ... da.

(Signed) ..... M. D.

Dec 25, 1915 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ... da. In [redacted] ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1813 Vine St.

19-PLACE OF BURIAL OR REMOVAL. Harris Cemetery

DATE OF BURIAL. Dec 27, 1915.

20-UNDERTAKER James H Dennis

ADDRESS 1313 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90708

CERTIFICATE OF DEATH.

91 C90708

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2540 Foster Ave ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie Andryszuk

(Residence in Baltimore: No. 2540 Foster ave. St.; 2 yrs. 11 mos. 26 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec (Month) 30 (Day), 1912 (Year)

7-AGE, 2 yrs. 11 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Ignacy Andryszak

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER Tresia Skoczynska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tresia Andryszak

(Address) 2540 Foster Ave.

15- Filed DEC 27 1915, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1915, to Dec 26 1915, that I saw h- alive on Dec 26 1915, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Blanton M. D.

Dec 16, 1915 (Address) 165 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus Cem.	Dec. 28, 1915
20-UNDERTAKER	ADDRESS
M. F. Sadowski,	905 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90709 C90709

CERTIFICATE OF DEATH. 79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 E. Federal St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. McDade.

Residence in Baltimore: No. 340 E. Federal St.; 45 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, April (Month) 19 (Day), 1850 (Year)

7-AGE, 65 yrs. 7 mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: R.R. Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer): Retired.

9-BIRTHPLACE, (State or Country), Fredrick Md.

PARENTS.

10-NAME OF FATHER, David M. McDade.

11-BIRTHPLACE OF FATHER (State or Country), Fredrick Md.

12-MAIDEN NAME OF MOTHER, Isabella Warthen.

12-BIRTHPLACE OF MOTHER (State or Country), Fredrick Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate McDade (Wife)

(Address) 340 E. Federal St.

15- Filed DEC 27 1915 191. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2nd 1915, to Dec 25th 1915, that I saw him alive on Dec 25th 1915, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

Acute dilatation

(Duration) Since Birth yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Dec. 27, 1915. (Address) 1501 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Dec. 27, 1915

20-UNDERTAKER Edw. L. Fanning. ADDRESS 1460 Battery Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90710

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90710

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 33 West North Ave (St.) (Ward)

2-FULL NAME Ida Belle Smith

(Residence in Baltimore: No. ~~Lifo~~ 3211 North Ave St.; life ....yrs.,....mos.,....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 25th (Day), 1865 (Year)

7-AGE, 47 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Robert Neal

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Barbara Snoden

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Belt

(Address) 33 W. North ave

15 DEC 27 1915 HARRY O. ANDREWS, Filed ....., 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 24 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 1915, to Dec 24 1915, that I saw her alive on Dec 24 1915, and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Broken Compensation

(Duration) ....yrs. ....mos. 1 ds.

(Signed) W. C. Blades, M. D.

Dec 26, 1915. (Address) 143 N. 33 way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore	Dec 29, 1915
20-UNDERTAKER	ADDRESS
Jno. G. Inman	Baltimore

$

I.B. Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C90711

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.;) 4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Sybille

(Residence in Baltimore: No.) 711 W Fayette St (St.;) 45 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Nov. (Month) 14 (Day), 1847 (Year)

7-AGE, 68 yrs. 1 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Sybille

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Virginia Lyles

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Sybille

(Address) Albert G.

15-

Filed DEC 27 1915 191.. HARRY G. ANDREWS, (Clerk) Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1915, to Dec 27 1915, that I saw him alive on Dec 27 1915, and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis - Cerebral Hemorrhage

(Duration) Short time yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Dench M. D.

Dec 27, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 711 W. Fayette St.

Former or usual residence 711 W Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, Dec 29, 1915.

20-UNDERTAKER William Cook — ADDRESS 502 E Natl

Cells

Spec.—8-24-14—M. & T.—2000 Bks.

C90712

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90712

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Mercy Hospital ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Miller

(Residence in Baltimore: No. 102 Addison Alley St.; life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 4 (Day) 1881 (Year)

7-AGE, 34 yrs. 4 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stonecutter
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph White

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Annie Betsch

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Germania Soc.

(Address) Calvert St.

15- Filed Dec 27 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17 1915, to Dec 27 1915, that I saw h[illegible] alive on Dec 27 1915, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

[illegible] Pulmonary Tuberculosis

[illegible] Bronchitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) 2 yrs. mos. ds.

(Signed) Edward A. [illegible] M. D.

Dec 27, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 10 ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 102 Addison Alley

Former or usual residence 102 Addison Alley

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Dec 29 191.5

20-UNDERTAKER Martin Fahey Son

ADDRESS 66 Fayette St

C90713

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90713

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 123 S. Schroeder ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Dowd

(Residence in Baltimore: No. 123 S. Schroeder

St.; yrs. 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 65 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): B&O R.R.

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Martin Dowd

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah Larvin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Dowd

(Address) 17 N Schroeder St

15- DEC 27 1915 191.... REGISTRAR'S SIGNATURE Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Dec 26, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. D. Jeffers M. D.
(Coroner)

Dec 26 1915 (Address) 242 N Luzerne Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters cemetery DATE OF BURIAL, Dec. 28, 15

20-UNDERTAKER George J. Smith ADDRESS 1457 Fayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90714

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90714

CERTIFICATE OF DEATH.

REGISTERED No. C 50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Wm H Benden

(Residence in Baltimore: No. 3414 Gunison Ave St.; 57 yrs., \ mos., \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, April 16, 1850 (Month) (Day) (Year)

7-AGE, 65 yrs. 8 mos. 10 ds.

LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer) (Merchant)

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, Wm F Benden

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Charlotte Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W J Coleman

(Address) University Hosp

15-HARRY O. ANDREWS, Filed DEC 27 1915 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 26, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-14 1915, to 12-26 1915, that I saw him alive on 12-26 1915, and that death occurred, on the date stated above, at 6.55 P m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate

Cystitis, Diabetes

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(Duration) yrs. mos. 1 ds.

(Signed) C. J. S. Coleman M. D.

12/26, 1915. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence 3414 Gunison Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Dec 29, 1915

20-UNDERTAKER George J Smith — ADDRESS 1305 Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90715

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90715

CERTIFICATE OF DEATH.

98

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 600 N Carey ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice M. Bird.

(Residence in Baltimore: No. 600 N. Carey St.; yrs., 6 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1865 (Year)

7-AGE, 50 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Neill.

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Jane McElhaney.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Howard Sylvester M.D.

(Address) 704 N. Carrollton Ave

15- HARRY O. ANDREWS Local Registrar

Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 26th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1915, to Dec 26th 1915, that I saw her alive on Dec 26th 1915, and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Abscess of Right Lung
(non Tubercular)

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) yrs. mos. 1/2 ds.

(Signed) J. Howard Sylvester M. D.

Dec 26, 1915. (Address) 704 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Chicago, Ill. | DATE OF BURIAL, Dec 27, 1915.

20-UNDERTAKER John J. Taheys Sons | ADDRESS 1318 Light

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90716 — 92C90716

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 349 S Mount St ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella H Briggs

(Residence in Baltimore: No. 349 S Mount St St.; 56 yrs., mos. 25 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH, Nov. 30 (Month), 1859 (Year)

7-AGE, 56 yrs. 25 mos. ds. — If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Store
(b) General nature of Industry, business, or establishment in which employed (or employer): Keeper

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER, James M Briggs

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Donnelly

(Address) 349 S. Mount St

15-

Filed DEC 27 1915, 19 HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 25th, 19 15 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 191 5, to Dec 25 191 5, that I saw h[illegible] alive on Dec 24 191 5, and that death occurred, on the date stated above, at 2 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. 7 mos. ds.

(Signed) Stephen A Dawson M. D.

Dec 27, 1915. (Address) 127 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Dec 29, 1915

20-UNDERTAKER John Howard, Son — ADDRESS 901 Hollins St

Washington B. Ruff

C90717

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90717

CERTIFICATE OF DEATH

REGISTERED No. C 170

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1832 N Payson St.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Washington B Ruff

(Residence in Baltimore: No. 1832 N Payson St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Mulatto	Married

6 DATE OF BIRTH July 10, 1847
(Month) (Day) (Year)

7 AGE 42 yrs. 10 mos. 15 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Balto Co

PARENTS

10 NAME OF FATHER Jno Ruff

11 BIRTHPLACE OF FATHER (State or country) Queen Anne

12 MAIDEN NAME OF MOTHER Evelina Clark

13 BIRTHPLACE OF MOTHER (State or country) Queen Anne

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Washington Ruff

(Address) 1832 N Payson

DEC 27 1915 Filed HARRY O. ARNOLD, 19 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 25, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1915, to Dec 25 1915, that I saw h... alive on Dec 25, 1915, and that death occurred, on the date stated above, at 11:45 m.
The CAUSE OF DEATH* was as follows:

Acute Chronic
Primary Kidney
(Duration) 0 yrs. 1 mos. 0 ds

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
Dec 26, 1915 (Address) 100 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Baltimore Cemetery. DATE OF BURIAL Dec 28 1915

20 UNDERTAKER Bertrand Lee ADDRESS 1133 W Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FILM

Spec.—8-24-14—M. & T.—2000 Bks.

C90718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90718

1—PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 5 WARD) REGISTERED NO. C 151

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Baby Ferra

(Residence in Baltimore: No. 3717 Forest St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX: Male

4—COLOR OR RACE: White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6—DATE OF BIRTH: Dec 14, 1915. (Month) (Day) (Year)

7—AGE: ..... yrs. 5 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9—BIRTHPLACE, (State or Country): Md

PARENTS.

10—NAME OF FATHER: Fred. Ferra

11—BIRTHPLACE OF FATHER (State or Country): Italy

12—MAIDEN NAME OF MOTHER: .....

13—BIRTHPLACE OF MOTHER (State or Country): Italy

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Pfeiffer

(Address) John Hopkins Hosp.

15—

Filed DEC 27 1915 19..

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, December 19, 1915
(Month) (Day) (Year)

17—I HEREBY CERTIFY, That I attended deceased from Dec. 18 1915, to Dec 18 1915, that I saw h... alive on Dec 18, 1915, and that death occurred, on the date stated above, at 7 45 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert W Rosenthal M. D.

Dec 19, 1915. (Address) John Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. 5 mos. 1 ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 374 Fremont St

19—PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL | DATE OF BURIAL, DEC 22 1915

20—UNDERTAKER Commissioner Health. | ADDRESS

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—4-24-14—M. & T.—2000 Bks.

Hasman

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90719

C90719

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph German Hospital ST.; 5 WARD)

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hasman

(Residence in Baltimore: No. 437 High St. St.; 60 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) ?

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 60 about yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- DEC 27 1915 Filed, 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 23 1915, to Dec. 27 1915, that I saw h[im] alive on Dec. 27 1915, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Aortic + Mitral Insufficiency, not known

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arter. Dilatation Pulmonary Obs.

(Duration) yrs. mos. 1 ds.

(Signed) M. D.

Dec 27, 1915. (Address) O. V. Pancoast

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 437 High St.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL DEC 29 1915

Commissioner of Health.

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90720 C90720

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1917 Race St. ST.; 23 WARD)

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas

(Residence in Baltimore: No. 1917 Race St. St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) ..... (Day) ....., 1876 (Year)

7-AGE, 39 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Thomas

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Emma Lee

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Thomas

(Address) Unknown

15-

Filed ....., 191.....

HARRY D. JENNINGS, Registrar.

DEC 27 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1915, to Dec 22 1915, that I saw h... alive on Dec 22 1915, and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Dropsy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Smith M. D.

Dec 27, 1915. (Address) Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2½ ds. In the State 25 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1917 Race St

Former or usual residence 1917 Race St

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, DEC 24 1915, 191...

20-UNDERTAKER ..... ADDRESS .....

Commissioner Health.

FOR ANATOMICAL PURPOSES.

459

Spec.—5-19-13—M. & T.—500 Bks.

C90721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

C90721

1-PLACE OF DEATH (CITY) OF BALTIMORE: (No.) 1604 Jackson ST.; 24 (WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Maith

(Residence in Baltimore: No.) 1604 Jackson St.; 60 yrs., 6 mos. 27 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June (Month) 2 (Day) 1855 (Year)

7-AGE, 60 yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, David Rank

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Eliza Fielding

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Maith

(Address) 1604 Jackson St

15-Filed DEC 27 1915 MARY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1909, to Dec 24 1915, that I saw her alive on Dec 24 1915, and that death occurred, on the date stated above, at 3:50 Pm.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus + Ch. Nephritis

(Duration) 6 yrs. ....mos. ....ds.

(Signed) C. F. Burgan M. D.

12/24, 1915. (Address) 301 E. Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL, DEC 28 1915

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Eight St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

090722 64 282063

1 PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME William Dyer

(Residence in Baltimore: No. Little Sisters of the Poor St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: March 10, 1853 (Month) (Day) (Year)

7-AGE: 62 yrs. 9 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: William Hall

11-BIRTHPLACE OF FATHER (State or country)

12-MAIDEN NAME OF MOTHER: Sarah Slocker

13-BIRTHPLACE OF MOTHER (State or country)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15 DEC 27 1915 Filed ..... 191.....

HARRY O. ANDREWS, Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December 26, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from In record, 191..., to, ... 191....., that I saw h.... alive on Dec 23 191.5, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

one hour
(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) Coma

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. A. Wanes M. D.

Dec 26, 1915. [Address] 1833 Valley st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 1 yrs. 2 mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: Dec 28, 1915

20-UNDERTAKER: H C Windfield

ADDRESS: 84 Grumbler

C90723 HEALTH DEPARTMENT—CITY OF BALTIMORE C90723

CERTIFICATE OF DEATH.

5-19

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 222 Calvin St. ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Haines.

(Residence in Baltimore: No. 222 Calvin St. 20 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, colored

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Butcher shop)

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... albert Haines Jr.

(Address)..... Aurelia St

15-

Filed DEC 27 1915 [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 26, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, ~~autopsy~~ or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute dilatation of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteri sclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos R Chambers M. D. (Coroner.)

Dec. 27, 1915 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Asbury | DATE OF BURIAL, Dec 28, 1915

20-UNDERTAKER Wm J G Jackson | ADDRESS 1409 Mulliken Av

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, FOR PERMANENT RECORD — THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

(90724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

(90724

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Provident Hospital ST.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elzora F. Miles

(Residence in Baltimore: No. 552 W. Biddle St.; ...yrs., ... mos., ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Oct. (Month) 12 (Day) 1873 (Year)

7-AGE: 42 yrs. 2 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Pa.

PARENTS.

10-NAME OF FATHER: Charles W. Campbell

11-BIRTHPLACE OF FATHER (State or Country): W. Va

12-MAIDEN NAME OF MOTHER: Sarah F. Botts

13-BIRTHPLACE OF MOTHER (State or Country): W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma L. Edwards

(Address) 422 W. Hoffman St.

15- DEC 27 1915 HARRY O ANDREWS, Burial Permit Clerk

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 24 1915, to Dec 25 1915, that I saw h.er alive on Dec 25 1915, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Sequel to Bronchitis)

(Duration) 7 yrs. 2 mos. 28 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. ... mos. 7 ds.

(Signed) H. B. Hughes M.D.

Dec 26, 191... (Address) 1432 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State 35 yrs ... mos. ... ds.

Where was disease contracted, if not at place of death? 552 W. Biddle St.

Former or usual residence 552 W. Biddle St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Dec. 28, 1915

20-UNDERTAKER Geo. W. Holland

ADDRESS 517 Robert St

C90725

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C90725

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1625 Hanover ST. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabth Kronnberg

(Residence in Baltimore: No. 1625 Hanover

St.: 62 yrs. 8 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH April 10, 1853
(Month) (Day) (Year)

7 AGE 62 yrs. 8 mos. 16 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Holl

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Grein

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Kronenberg (husband)
(Address) 1625 Hanover St

15 Filed DEC 27 1915, 191 ROBERT . BRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 26, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 20, 1915, to December 26 1915, that I saw h er alive on December 26, 1915, and that death occurred, on the date stated above, at 1.55 A m.
The CAUSE OF DEATH* was as follows:

Paralysis
Cerebral Apoplexy
(Duration) 1 yrs. mos. 6 ds
Contributory (SECONDARY) Anuria
(Duration) yrs. mos. ds.

(Signed) Henry Leonhardt M. D.
Dec 27, 1915 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Loudon Park Cem | DATE OF BURIAL Dec. 29 1915

20 UNDERTAKER E. Schlosman & Son | ADDRESS 1039 Hanover St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

3025

C90726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 | C90726
REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 310 N Mulberry ST.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Barton Smith

(Residence in Baltimore: No. 310 N Mulberry St.; 73 yrs., 4 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 22, 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. 4 mos. 3 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sea Food
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), City

PARENTS.
10-NAME OF FATHER, Wm J Smith
11-BIRTHPLACE OF FATHER (State or Country), City
12-MAIDEN NAME OF MOTHER Margaret B Hand
13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Elizabeth Smith
(Address) 310 N Mulberry St

15- DEC 27 1915 Filed....., 191.... ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1915, to Dec 25 1915, that I saw h[illegible] alive on Dec 25 1915, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion
Heart Stomach
(Duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(Duration) ....yrs. ....mos. ....ds.

(Signed) Jno L Valentine M. D.
Dec 27, 1915. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park
DATE OF BURIAL, Dec 28, 1915

20-UNDERTAKER Wm J Dickerson Sons
ADDRESS Norman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

for J J Valentine

Spec.—8-24-14—M. & T.—2000 Bks.

C90727 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 C90727

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1611 S. Charles ST.; 23 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifton C. Wittemann

(Residence in Baltimore: No. 1611 S. Charles St.; ... yrs., life mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Aug (Month) 6 (Day), 1892 (Year)

7-AGE, 23 yrs. 4 mos. 7 ds.
If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Natl. Enam. Co

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Charles Wittemann

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Amelia Miller

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Annie Miller
(Address) 1611 S. Charles St.

15-
Filed DEC. 27. 1915 ROBERT P. KRAUTER, Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 1, 1915, to Dec 25 1915, that I saw him alive on Dec 25 1915, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:
Acute Cardiac dilatation

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuber-
culosis (Duration) 2 yrs. ... mos. ... ds.

(Signed) J. F. Hawkins M. D.
Dec 27 1915 (Address) 1 E. Randall St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Dec 28. 1915
20-UNDERTAKER	ADDRESS
F. A. Kreuse	703 Hanover

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 E. Hamburg ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME [redacted] Joseph P. Branigan

(Residence in Baltimore: No. 31 E. Hamburg St.; 59 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Don't Know, ... (Month) ..... (Day) ..... (Year)

7-AGE, 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Michael Branigan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Coolahan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Branigan

(Address) 31 E. Hamburg St

15- DEC 27 1915 ROBERT . KRAUTER, Filed ....., 191.... Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 25, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 191.., to Dec 25 191.., that I saw him alive on Dec 25 191.., and that death occurred, on the date stated above, at 7.40 p. m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia

..... (Contributory)

..... (Duration) ..... yrs. ..... mos. 2d. ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. 7d. ds.

(Signed) ..... M. D.

Dec 27, 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Dec. 29, 1915

20-UNDERTAKER P. F. M. T. Flynn

ADDRESS 1422 High St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3,23-14—M. & T.—2000 Blks.

C90729

HEALTH DEPARTMENT—CITY OF BALTIMORE C90729

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: CITY OF BALTIMORE: (No. Mercy Hospital St.: 4 WARD) REGISTERED NO. C 40

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: [illegible] Ford

(Residence in Baltimore: No. 411 Lemmon st St.: 33 yrs., 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec (Month) 20 (Day), 1882 (Year)

7-AGE, 33 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, James Ford

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Katie Riggs

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St

15- Filed DEC 27 1915 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 191 5, to Dec 25 191 5, that I saw h[illegible] alive on Dec 25 191 5, and that death occurred, on the date stated above, at 2:00 m.

The CAUSE OF DEATH* was as follows:

Pneumonia 2 Stomach & colon (Contusion & Laceration) Hemorrhage

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) ....

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Chas. H. Lewis M. D.

Dec 27, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 411 Lemmon St

Former or usual residence 411 Lemmon St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park Cemetery	Dec 28, 1915
20-UNDERTAKER	ADDRESS
P. F. M. D. Flynn	142 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. N Cab 2200 Garrison Av C90730

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90730

CERTIFICATE OF DEATH.

REGISTERED No. C 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1539 Penna Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie A Evans

(Residence in Baltimore: No. 1539 Penna Ave St.; 85 yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Nov 18, 1830 (Month) (Day) (Year)

7-AGE, 85 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie F Evans

(Address) 1539 Penna Ave

15-DEC 27 1915 GILBERT R. KRAUTHER, Filed....., 191.. Deputy Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 26, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 22 1915; to Dec 26 1915, that I saw h[illegible] alive on Dec 25 1915, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) ....yrs. 6 mos. ....ds.

(Signed) Wesley Cole M. D.

Dec 27 1915. (Address) 2202 Garrison Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Ridge Cem DATE OF BURIAL, 1/28, 191..

20-UNDERTAKER Millard Cook ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8.24.14—M. & T.—2000 Blks.

C90731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C90731

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 616 S. Montford ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Zajaczkowska

(Residence in Baltimore: No. 616 S Montford Ave. St.: ... yrs., ... mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Dec 2, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ... mos. 25 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Alexander Zajaczkowski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Teofila Lemecki

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Zajaczkowska

(Address) 616 S Montford

15- DEC 28 1915 Filed ..... 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1915, to Dec 27 1915, that I saw h[illegible] alive on Dec 27 1915, and that death occurred, on the date stated above, at [illegible] 9a m.

The CAUSE OF DEATH* was as follows:

Congenital Weakness.

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Blentlinger M. D.

Dec 27, 1915. (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary.

DATE OF BURIAL, Dec 28, 1915

20-UNDERTAKER, William Fallsowski

ADDRESS, 616 S Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90732

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90732

CERTIFICATE OF DEATH.

119

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. Shea Low

(Residence in Baltimore: No. St. Joseph's Hospital St.; 52 yrs. — mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	single

6-DATE OF BIRTH, Unknown, 1863
(Month) (Day) (Year)

7-AGE, 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Christian
(b) General nature of industry, business, or establishment in which employed (or employer): Brother

9-BIRTHPLACE, (State or Country): Md. U. S. A.

PARENTS.

10-NAME OF FATHER, Fr. Shehan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bro. Dorotheus

(Address) Rockhill College

15- DEC 28 1915 Filed, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 23 1915, to Dec. 28 1915, that I saw him alive on Dec. 28 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows: Acute Pneumonia, malone, Hypostatic Hypostasis

not known (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumothorax + Shock (Duration) yrs. mos. 1 da.

(Signed) Oscar J. Luckert M. D.

Dec. 28, 1915 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. — mos. — ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence York Hill College Edmonton

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Emmitsburg Md	Dec. 29, 1915
20-UNDERTAKER	ADDRESS
Jos. J. Foley & Sons	318 Light St.

N. B.—Every item of information should be carefully supplied. Any CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90733

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C90733

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1227 Etting ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Robert H Harper

(Residence in Baltimore: No. 1227 Etting St.: — yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month) (Day), 1843 (Year)

7 AGE: 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Butler
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Portsmouth Va

PARENTS

10 NAME OF FATHER: Robt H Harper Sr

11 BIRTHPLACE OF FATHER (State or country): Portsmouth Va

12 MAIDEN NAME OF MOTHER: Rachel Steers

13 BIRTHPLACE OF MOTHER (State or country): Portsmouth Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Octavia Harper

(Address) 1227 Etting St

15 Filed DEC 28 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 26 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1915, to Dec 25 1915, that I saw h[illegible] alive on Dec 25, 1915, and that death occurred, on the date stated above, at 11 24 A m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis

(Duration) yrs. 4 mos. ds

Contributory (SECONDARY): Interstitial nephritis

(Duration) yrs. 4 mos. ds.

(Signed) Edw V Fitzgerald M. D.

Dec 27, 1915. (Address) 1118 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL: 12/28, 1915

20 UNDERTAKER: Samuel Kemsley — ADDRESS: 518 N Bradle

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90734 — 43 — C90734

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Longwood ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna M. Benjamin

(Residence in Baltimore: No. 1314 Longwood St.; 33 yrs., - mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 22nd, 1882
(Month) (Day) (Year)

7-AGE, 33 yrs. mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Benj. F. Booth

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie M. Hildebrandt

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Benjamin

(Address) 1314 Longwood St

15- Filed DEC 28 1915 HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1915, to Dec. 26th, 1915, that I saw h[illegible] alive on Dec. 26th, 1915, and that death occurred, on the date stated above, at 10 P (m.

The CAUSE OF DEATH* was as follows:

Operation 1 year ago

Treatment of Kidneys

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Trouble

(Duration) yrs. 6 mos. ds.

(Signed) [illegible] M. D.

12/27/, 1915. (Address) 1503 N Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Dec 29, 1915.

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90735

1-PLACE OF DEATH Johns Hopkins Hospital 120

CITY OF BALTIMORE: (No. ..... ST.; 3 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sam Levitan

(Residence in Baltimore: No. 422 S. Bond St.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1853 (Year)

7-AGE, 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work, Peddler (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levin

(Address) .....

15- DEC 28 1915

Filed ....., 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 24 1915, to Dec. 27 1915, that I saw him alive on Dec. 27 1915, and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Unknown

Stomach Nephritis

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Endocarditis and Arterio Sclerosis (Duration) ..... yrs. ..... mos. 5 ds.?

(Signed) Arthur L. Bloomfield M. D.

....., 191... (Address) 1 W. Mt. Vernon Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 15 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Mt. Carmel — DATE OF BURIAL, Dec 28, 1915

20-UNDERTAKER J. Levinson & Bro. — ADDRESS 1107 E Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90736

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90736

28

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 22 Augusta Ave ST. 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard John Ward

(Residence in Baltimore: No. 22 Augusta Ave

about

St. 5 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) 16th (Day), 1876 (Year)

7-AGE,	If LESS than 1 day,
39 yrs. 3 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, James A. Ward

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Eliza Driscoll

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leo Ward.

(Address) 22 Augusta Ave

DEC 28 1915

Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 26th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) ....yrs....mos....ds.

(Signed) Saml Hunter M. D.
(Coroner)

Dec 27th, 1916 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Dec. 29, 1916
20-UNDERTAKER	ADDRESS
Stewart & Moore Co	108 W North

Spec.—5-19-13—M. & T.—500 Bks.

C90737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C90737

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 N. Greene St. ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Myrtle Routson.

(Residence in Baltimore: No. 230 N. Greene St. St.; 12 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 21 (Day), 1881 (Year)

7-AGE, 34 yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-Wife.
(b) General nature of industry, business, or establishment in which employed (or employer): — — ———

9-BIRTHPLACE, (State or Country), Pennsylvania.

PARENTS.

10-NAME OF FATHER, Fred. T. Snyder

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania.

12-MAIDEN NAME OF MOTHER Ella V. Rice.

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Maurice Routson,

(Address) 230 N. Greene St.

Filed DEC 28 1915, 191.... HARRY C. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 24 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 14 1915, to Dec 24 1915, that I saw her alive on Dec 24 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 10 ds.

(Signed) Jno Eblaugh M. D.

Dec 25, 1915. (Address) 700 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, Dec. 28, 1915

20-UNDERTAKER W. W. Shriver

ADDRESS 1018 Edmondson

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90738 HEALTH DEPARTMENT—CITY OF BALTIMORE C90738

CERTIFICATE OF DEATH.

REGISTERED No. C 1 5 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Orleans ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Cole

(Residence in Baltimore: No. 1320 Orleans St.; — yrs., — mos., — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 16, 1889.
(Month) (Day) (Year)

7-AGE, 26 yrs. 11 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hoodsaw
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Cole

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Cook

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Fanny Cole

(Address) 1320 Orleans St

15 DEC 28 1915

HARRY O. ANDREWS,

Filed ....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 25, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 22 1915, to Dec 25 1915, that I saw h— alive on Dec. 24 1915, and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows: 10,30 Pm

Pulmonary Tuberculosis

M. Dfnte (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Dropsy & Heart failure

Mr. M. M. C. (Duration) ....yrs. 1 mos. ....ds.

(Signed) Edward L. Dixon M. D.

Dec 26, 1915. (Address) 164 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary County — DATE OF BURIAL, Dec 29..., 1915.

20-UNDERTAKER John W Henderson — ADDRESS 31 N Caroline St

Spec.—5-19-13—M. & T.—500 Bks.

C90739

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90739

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 W. Fayette ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Eiterniller

(Residence in Baltimore: No. 1824 W. Fayette St.; ~~Yrs.~~ ~~mos.~~ ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Sept. (Month) 19th (Day); 1841. (Year)

7-AGE, 74 yrs. 3 mos. 7 da.

If LESS than 1 day, ~~hrs.~~ or ~~min.~~?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John C. Konig

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Nagle

(Address) 1829 W. Fayette St.

15-

Filed DEC 28 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1915, to Dec 26 1915, that I saw her alive on Dec 25 1915, and that death occurred, on the date stated above, at 6a .m.

The CAUSE OF DEATH* was as follows:

(Arteria Sclerosis) and Cerebral Hemorrhage

(Duration) ~~yrs.~~ ~~mos.~~ 7 da.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ~~yrs.~~ ~~mos.~~ 3 da.

(Signed) P. L. Bitzelsberger M. D.

12-27, 1915. (Address) 1939 Wilkens

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, Dec. 28, 1915

20-UNDERTAKER J. A. Cook — ADDRESS 1003 W. Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C90740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90740

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Mercy Hospital ST.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Houck

(Residence in Baltimore: No. Lexington & Howard St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July (Month) ....., 1858 (Year)

7-AGE, 57 yrs. 5 mos. ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md (Balto City)

PARENTS.

10-NAME OF FATHER, George H Houck

11-BIRTHPLACE OF FATHER (State or Country), Manchester Carroll Co Md

12-MAIDEN NAME OF MOTHER Elizabeth Arnold

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes E. Houck

(Address) Johns Hopkins Hospital

15- DEC 28 1915 Filed....., 1915. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 28, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 26 1915, to Dec 28 1915, that I saw h[illegible] alive on Dec 28 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

[illegible] Pneumonia

[illegible] (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) [illegible] Chronic Nephritis

[illegible] (Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) [illegible] M. D.

Dec 29, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Lexington & Howard

Former or usual residence Lexington & Howard

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Dec 30 1915

20-UNDERTAKER J D Cook — ADDRESS 103 N Balto

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90741

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90741

1 PLACE OF DEATH — REGISTERED NO. C 6

CITY OF BALTIMORE (No. 2742 W. Lafayette Ave ST. 16 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Loretta N. Westgate

(Residence in Baltimore: No. 218 S. Third St. Highlandtown St.; — yrs. 5 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July (Month) 24 (Day), 1915 (Year)

7 AGE: ... yrs. 5 mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9 BIRTHPLACE (State or country): Balto. Co. Md

PARENTS

10 NAME OF FATHER: Charles J. Westgate

11 BIRTHPLACE OF FATHER (State or country): Lebanon, Pa

12 MAIDEN NAME OF MOTHER: Julia A. Calendar

13 BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles J Westgate

(Address) 218 S Third St

15 Filed DEC 28 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 27 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1915, to Dec. 27 1915; that I saw her alive on Dec. 26, 1915, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Measles

Broncho - Pneumonia

(Duration) ... yrs. ... mos. 20 ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Maurice E. Shannon M. D.

Dec. 27, 1915 (Address) 548 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. 27 ds. In the State ... yrs. 5 mos. 3 ds.

Where was disease contracted, if not at place of death? 218 S Third St

Former or usual residence 218 S. Third St.

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: Dec. 28, 1915

20 UNDERTAKER: Lilly & Zeile — ADDRESS: 40 3 & Wolfe St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90742

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90742

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N Madeira ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Cada

(Residence in Baltimore: No. 417 N Madeira St.; 28 yrs.. mos. ds.)

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tailor
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John Cada

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Cada

(Address) 417 N Madeira st

15- Filed DEC. 28. 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 27, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 16 1915, to December 27 1915, that I saw h[im] alive on December 27 1915, and that death occurred, on the date stated above, at 8:40 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(Duration) yrs. 2 mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. H. A. Wiegner M. D.

Dec. 28th 1915. (Address) 703 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec 30 1915

20-UNDERTAKER Frank Cracknell Son — ADDRESS 1044 Gilmor

C90743

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90743

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 809 Peach Alley — ST.: 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Pryor

(Residence in Baltimore: No. 809 Peach alley — St.; ... yrs., ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed

6-DATE OF BIRTH: ..... (Month) Unknown, (Day) 1 (Year) .....

7-AGE: 44 yrs. ... mos. ... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: B Robins

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Emma Robinson

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Letha Seay

(Address) 515 N Pine St

DEC 28 1915

Filed ....., 191. HARRY O ANDREWS, Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Dec (Day) 24, (Year) 1915.

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ...Inquest... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ...Inquest... (Inquest, autopsy or inquiry.) find that said deceased came to ...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis (Pulmonary)

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. 4 mos. ... ds.

(Signed) Edw Grandt M. D. (Coroner.)

Dec 26, 1915. (Address) 517 Scott

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
W.M. Auburn Cem.	Dec 28 1915
20-UNDERTAKER	ADDRESS
Charles B. Jones	1118 W Baltimore St

Spec.—5-19-13—M. & T.—500 Bks.

C90744

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90744

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1438 Riverside av ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Anna Maria Ebert

(Residence in Baltimore: No. 1438 Riverside ave St.)

39 yrs., 1 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH. 1 (Month) 13 (Day) 1876 (Year)

7-AGE. 39 yrs. 1 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Geo Emrich

11-BIRTHPLACE OF FATHER (State or Country). Balto.

12-MAIDEN NAME OF MOTHER. Mary Roemer

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C Ebert

(Address) 1438 Riverside,

15-

Filed DEC 28 1915, 191.... Burial Permit Oler

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. 12 (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/14 1915, to 12/26 1915; that I saw h[er] alive on 12/26 1915, and that death occurred, on the date stated above, at 10.18 a m.

The CAUSE OF DEATH* was as follows:

Pneumocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) yrs. 1 mos 12 ds.

(Signed) L A Linthicum M. D.

12/26, 191[5] (Address) 1042 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Lutheran Emmanuel Britton Line DATE OF BURIAL. Dec 29, 1915

20-UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C90745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

C90745

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3123 W. North ave ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sylvanus H. Lucas

(Residence in Baltimore: No. 3123 W. North Ave St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: March 10th 1834 (Month) (Day) (Year)

7-AGE: 81 yrs. 9 mos. 17 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H. Lucas.

(Address) 3123 W North ave

15- Filed DEC 28 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 27th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1915, to, Dec 27 1915, that I saw h[illegible] alive on Dec 27 1915, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Senility + recombumying grip 9

(Duration) yrs mos 9 ds.

Contributory (SECONDARY) .....

(Duration) yrs mos ds.

(Signed) J. H. Robinson M. D.

Dec 28 1915 [Address] 726 E Preston St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Dec 29th, 1915

20-UNDERTAKER: G.F. Wacker — ADDRESS: 123 Whelan ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90746

CERTIFICATE OF DEATH.

C90746

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth Home St.; 4 WARD)

2-FULL NAME Lee Thomas Jamison

(Residence in Baltimore: No. St Paul St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	colored	single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
2 yrs. 3 mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed DEC 28 1915, 191.....

ROBERT J. GRISWOLD, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 26., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 16 1915, to Dec 26 1915, that I saw h.... alive on Dec 23 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration).....yrs.....mos. 7 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed). Edgar D. Tuedenwald M. D.

Dec 27., 1915. (Address). 1616 Fun Tan Apts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL.

JOHNS HOPKINS HOSPITAL. DEC 28 1915, 191...

20-UNDERTAKER ADDRESS

Commissioner of Health.

FOR ANATOMICAL PURPOSES.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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C90747 C90747

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Blair Road (rear of Hebrew Cemetery) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 dy.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15. DEC 28 1915 Filed ....., 191... ROBERT ..... Registrar Vital Statistics.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 17th 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wilder H. Savage (Coroner) M. D.

Dec. 23, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL, ..., 19....
JOHNS HOPKINS HOSPITAL	DEC 28 1915
20-UNDERTAKER Commissioner Health.	ADDRESS

The morgue

FOR ANATOMICAL PURPOSES.

at morgue

C90748 C90748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 711 Sterling ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Hezekia Edwards

(Residence in Baltimore: No. 269 Chestnut St.; yrs., 30 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: Unknown (Month), (Day), 1 (Year)

7-AGE: 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Edwards

(Address) 711 Sterling

15- Filed DEC 28 1915 191.. ROBERT P. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: December (Month) 24th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. McSherry M. D. (Coroner.)

Dec 24, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
	, 19..
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
DEC 29 1915
Commissioner Health,
FOR STATISTICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Blks.

Beaggio Picchione.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C30749 152 C30749

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 Stiles St ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beaggio Picchione

(Residence in Baltimore: No. 117 Stiles St. St.; ...yrs., ...mos. ...da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, Dec 27, 1915. (Month) (Day) (Year)

7-AGE, 7 hrs. ...yrs. ...mos. ...da. If LESS than 1 day, 7 hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Francesco Picchione

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Angelo Damato

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas R. Downs

(Address) Mercy Hospital

15- Filed DEC 28 1915, 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 28 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1915, to Dec 28 1915, that I saw him alive on Dec 27 191..., and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:

Asphyxia Pneumonia

(Duration) ...yrs. ...mos. ...da.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...da.

(Signed) Edward P. Smith M. D.

Dec 28, 191... (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem — DATE OF BURIAL, Dec 28, 191 5

20-UNDERTAKER Billy & Zeitz — ADDRESS 403 S. Wolfe St

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90750 C90750

120

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1443 W. Hamburg ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Gottlieb Schwensberg

(Residence in Baltimore: No. 1443 W. Hamburg St. 65 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: ~~Female~~

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Dec 5th, 1830 (Month) (Day) (Year)

7-AGE: 85 yrs. mos. 23 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: John Schlin

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Wagner.

(Address) 801 W. Cross St.

15. DEC 28 1915 Filed ..... 191 ROBERT J. KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 28, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1915, to, Dec 26 1915, that I saw h-er alive on Dec 26, 1915, and that death occurred, on the date stated above, at 4 10P m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Anasarca

(Duration) ..... yrs. 5 mos. ..... ds.

(Signed), James L. Hooper M. D.

Dec 28, 1915 (Address) 917 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Peters Cemetery	Dec. 30th 1915

20-UNDERTAKER: Mr. & Mrs. John H. Teufel

ADDRESS: 847 W. Fayette St.

C90751

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90751

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 11 Penn St ST. 4 WARD)

REGISTERED No. C 28

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma V. Jackson

(Residence in Baltimore: No. 11 Penn St St.; Fifteen yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE Colored | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH Unknown, 1892 (Month) (Day) (Year)

7-AGE 23 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Elijah Jackson

11-BIRTHPLACE OF FATHER (State or country) Balto.

12-MAIDEN NAME OF MOTHER Emma Jackson

13-BIRTHPLACE OF MOTHER (State or country) Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma V Jackson

(Address) 11 Penn St

15- Filed DEC 29 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1915, to Dec 25 1915, that I saw h[er] alive on Dec 25, 1915, and that death occurred, on the date stated above, at 9a. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Gradual exhaustion from extension of disease (Duration) yrs. 3 mos. ds.

(Signed) H Barcasty M. D.

Dec 28, 1915 (Address) 578 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: Dec 29, 1915

20-UNDERTAKER: Samuel Hemsley | ADDRESS: 578 W Baltimore St

FILMED

C90752

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90752

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital ST.: 2 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Nadolny.

(Residence in Baltimore: No. 809 S Ann St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Oct ....., 1891.
(Month) (Day) (Year)

7-AGE, 26 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Nadolny.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Kaspczyk

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Nadolny

(Address) 809 S. Ann

DEC 29 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk & Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 26, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Automobile Accident

(Duration) yrs. mos. ds.

(Signed) Glenn L. Russell M. D.
(Coroner)

Dec 27, 1915. (Address) 1162 Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State 25 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Middle River Md

Former or usual residence 807 S Ann St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Dec 30, 1915.

20-UNDERTAKER W. F. Faulkner — ADDRESS, 1618 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SOCIETY OF AFFAIRS

C90753

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90753

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1341 Carroll ST. 21 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lavina Dixon.

(Residence in Baltimore: No. 1341 Carroll St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Maimed

6-DATE OF BIRTH, March (Month) 18th (Day), 1876 (Year)

7-AGE, 39 yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Chas. Williams

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Laura Clark

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Dixon

(Address) 1341 Carroll St.

15- Filed DEC 29 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 27th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Sam'l Hunter M. D.

Dec 28th, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cem. DATE OF BURIAL, Dec 30 1915

20-UNDERTAKER. John J. Corrum Son ADDRESS 901 Hollins St

N.B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C90754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C90754

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary ST.: ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Harriet Hammond

(Residence in Baltimore: No. 424 E 25th St.; ... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 20 (Day), 1837 (Year)

7-AGE, 78 yrs. 8 mos. 8 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Rezin Hammond

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ann Mewburn

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary R. Denny

(Address) 424 - East - 25th Street

15- DEC 29 1915 HARRY O. ANDREWS,
Filed ..... 191 ... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 28 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 191 , to Dec 28 1915 , that I saw h[illegible] alive on Dec 28 191 , and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Senility
Bronchio Pneumonia

(Duration) ... yrs. ... mos. 1/ ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Jas. H. Hall Starr M. D.

Dec 24, 1915. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Church Home

Former or usual residence 424 - East 25th Street

19-PLACE OF BURIAL OR REMOVAL, Prospect Hill Towson

DATE OF BURIAL, 12/30, 1915.

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr Jonas 3116 O'Donnell

C90755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C90755

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3073 Eden St. WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George P. Bettenhausen

(Residence in Baltimore: No. 3073 Eden Street

St., yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 23 (Day), 1878 (Year)

7-AGE 37 yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wheelwright
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER Ernest Bettenhausen

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Sabina Shaffer

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Fuckert

(Address) 1522 Clement Street

15- Filed DEC 29 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

a Organic Heart Disease

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner.)

Dec 29, 1915 (Address) 3116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, 12/30, 1915

20-UNDERTAKER William Cook — ADDRESS 507 N. North Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C90756

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

C90756

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 58 Dolphin St.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Gamber.

(Residence in Baltimore: No. 158 Dolphin St. St.: — yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown, (Month) (Day), 1870 (Year)

7-AGE: 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Calvin Carroll

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Rachel Davis

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jane Frances

(Address) 1747 Mulberry St

DEC 29 1915

Filed ....., 191 HARRY O. ANDREWS, Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 27 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1915, to Dec 27 1915, that I saw h[er] alive on Dec 26 1915, and that death occurred, on the date stated above, at 1.45 p. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis
Subacute

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) Parenchymatous Nephritis
Subacute (Duration) 1 yrs. mos. ds.

(Signed) Edward J. Fitzgerald M. D.

12/28, 1915. (Address) 118 Dolphin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem.

DATE OF BURIAL: Dec. 29, 1915

20-UNDERTAKER: Wm J. G. Locks

ADDRESS: 1362 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

C90757

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90757

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 930 Rutland Ave. St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reginald Mahone

(Residence in Baltimore: No. 930 Rutland Ave. St.: 13 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Feb. 22, 1898 (Month) (Day) (Year)

7-AGE: 17 yrs. 10 mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

9-BIRTHPLACE, (State or Country): Va.

PARENTS.

10-NAME OF FATHER: Walter Mahone

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Ella Topp.

13-BIRTHPLACE OF MOTHER (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Ella Mahone

(Address): 930 Rutland Ave

15- Filed DEC 29 1915, 191.

HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 24 1915, to Dec. 27, 1915, that I saw h im alive on Dec. 26 1915, and that death occurred, on the date stated above, at 11:35 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration): yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration): yrs. mos. 12 ds.

(Signed) Jas. K. Kinnamon M. D.

12/29/15, 191.. (Address) 611 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Farmville Va DATE OF BURIAL, Dec. 29 191.5.

20-UNDERTAKER Harry A. Vodrey ADDRESS 1725 Orleans St

C90758

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

CERTIFICATE OF DEATH.

REGISTERED No. C 90758

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 517 N. Norris alley, ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Christina Washington,

(Residence in Baltimore: No. 517 N. Norris alley,

St.; yrs., 3 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single,

6-DATE OF BIRTH, September 18th, 1915.
(Month) (Day) (Year)

7-AGE, 0 yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James E. Washington,

11-BIRTHPLACE OF FATHER (State or Country) Baltimore, Md.

12-MAIDEN NAME OF MOTHER Edna Jennings,

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Hill, aunt.

(Address) 517 N. Norris alley.

15- Filed DEC 29 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 27th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,
((non-sequela exanthema))
(Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Mountz M. D.
(Coroner.)

Dec. 28. 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W. - Arlington — DATE OF BURIAL, Dec 29 1915

20-UNDERTAKER, Sam F. Chase Sons — ADDRESS 1401 Monroe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C90759 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C90759

CERTIFICATE OF DEATH. 50

1-PLACE OF DEATH Franklin Sq. Hos. 22 REGISTERED NO. C

CITY OF BALTIMORE: (NO. Franklin Sq. Hos. ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Frances Gray (Gray)

(Residence in Baltimore: No. 52 E. Hill St. St.; 1 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE, 41 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House-work
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Richard A Breeden

11-BIRTHPLACE OF FATHER (State or Country). Ind

12-MAIDEN NAME OF MOTHER Elizabeth A Wales

13-BIRTHPLACE OF MOTHER (State or Country). Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin N. Gray

(Address) 52 E Hill St

15- Filed DEC 29 1915 191.. HARRY O. ANDREWS, Burial Permits Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 26 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5' 1915', to Dec 26 1915', that I saw her alive on Dec 26 1915'. and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 1 yrs. mon. da.

CONTRIBUTORY (Secondary) Syphilis

(Duration) yrs. mon. 20 da.

(Signed) Wm. E. Mary M. D.

Dec 26 1915. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mon. 21 ds. In the State 41 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 52 E. Hill St.

19-PLACE OF BURIAL OR REMOVAL, Soldiers Ind

DATE OF BURIAL. DEC 30 1915

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C90760

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C90760

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2035 E. Pratt ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED No. C

2-FULL NAME Emma ~~Elliott~~ Wells Seary

(Residence in Baltimore: No. 2035 E. Pratt St.; yrs. Life mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April (Month) eight (Day), 1843 (Year)

7-AGE, 72 yrs. 8 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Andrew H. Wells

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Elizabeth A. Rusk

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. L. Wells

(Address) 2035 E. Pratt St.

15- DEC 29 1915 191. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1915, to Dec. 28, 1915, that I saw h Er alive on Dec. 26 1915, and that death occurred, on the date stated above, at 5.45 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Contributory Paralysis

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. ds.

(Signed) S. S. Bacon M. D.

Dec. 28, 1915 (Address) 2000 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Dec 30. 191

20-UNDERTAKER P. E. Hughes

ADDRESS 17 E. Broadway

C90761

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C90761

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 639 S Streper ST. 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kurowski

(Residence in Baltimore: No. 639 Streper St St.: 21 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Feb 29, 1865 (Month) (Day) (Year)

7-AGE 50 yrs. 10 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Brass Molder
(b) General nature of industry, business, or establishment in which employed (or employer) Bell Foundry

9-BIRTHPLACE (State or country) German Poland

PARENTS

10-NAME OF FATHER Walenty Kurowski

11-BIRTHPLACE OF FATHER (State or country) German Poland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or country) German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Joseph Kurowska.

(Address) 639 S. Streper St.

15. Filed DEC 29 1915, 191

HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec 27, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15, 191-, to. Dec 27, 1915, that I saw h- alive on Dec 27, 1915, and that death occurred, on the date stated above. at 2.20 p.m.
The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Carcinoma of Stomach

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), A. P. Gunther M. D.

Dec 28, 1915 (Address) 2019 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Holy Rosary.

DATE OF BURIAL Dec 30, 1915.

20-UNDERTAKER W. F. Sadowski.

ADDRESS 705 S. Conn St.

C90762

HEALTH DEPARTMENT—CITY OF BALTIMORE

96 C90762

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No..... 109 Broad Alley ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. White

(Residence in Baltimore: No. 109 Broad Alley

St.: yrs. 40 mos. ~~dys~~

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Married

6-DATE OF BIRTH, ... (Month) Estimated (Day) 1828 (Year)

7-AGE, about 87 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

PARENTS.

9-BIRTHPLACE, (State or Country), ~~Va~~ Washington White

10-NAME OF FATHER, Washington White

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary White

(Address)..... 109 Broad Alley

15- DEC 29 1915 191..... HARRY O ANDREWS, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... December (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Pneumonia Asthma

..... about (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... D. A. Jones M. D.
(Coroner)

Dec. 28 1915. (Address) 311 S. Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	Dec 30, 1915.
20-UNDERTAKER John W Henderson	ADDRESS 317 Gardner St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90763 C90763

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 3 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and add out No. 18.)

2-FULL NAME Andrew White

(Residence in Baltimore: No. 109 Broad Alley St.; ... mos. ... ds.)

Person to be notified in case of accident

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Unknown 1907
(Month) (Day) (Year)

7-AGE, 8 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer): Boy

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Jausha Savoy

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lizzie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary White

(Address) 109 Broad Alley

15- DEC 29 1915

Filed ....., 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1915, to Dec 27 1915, that I saw h[illegible] alive on Dec 27 1915 and that death occurred, on the date stated above, at 6:30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward H. Smith M. D.

Dec 27, 1915 (Address) 1111 Mt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 2 ds. In the State ... yrs. 10 mos. ... ds.

Where was disease contracted, if not at place of death? 109 Broad Alley

Former or usual residence 109 Broad Alley

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cem	Dec 30, 1915
20-UNDERTAKER John W Henderson	ADDRESS 31 N Caroline

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 92 C90764

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C

CITY OF BALTIMORE: (No. 1514 Division ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.) in Baltimore

2-FULL NAME Thomas Garnett Basinger

(Residence in ~~Baltimore~~ ~~Nor~~ (Savannah Ga) St.: yrs., mos. 3 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: November (Month) 22 (Day), 1876 (Year)

7-AGE: 39 yrs. 1 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Civil engineer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Georgia

PARENTS.

10-NAME OF FATHER: William S. Basinger

11-BIRTHPLACE OF FATHER (State or Country): Georgia

12-MAIDEN NAME OF MOTHER: Margaret Garnett

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. G. G. Baringer

(Address) 52 Broadway W. T.

15- DEC 29 1915 HARRY O. ARCHER, Filed, 191. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1915, to Dec 28 1915, that I saw h m alive on Dec 28 1915, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. T. Kieffer M. D.

Dec 28, 1915 (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State — yrs. — mos. 3 ds.

Where was disease contracted, if not at place of death? Hopewell. Va.

Former or usual residence Hopewell. Virginia

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, 12-30-1915

20-UNDERTAKER H. W. Jenkins Sons Co — ADDRESS Orchard & McCulloh

Spec.—8-24-14—M. & T.—2000 Bks.

C90765

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90765

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 W. Madison ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John George Baetjer

(Residence in Baltimore: No. 16 W. Madison St. St.; 72 yrs. ..... mos. 2 0 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, December 8, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 4 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Dry
(b) General nature of industry, business, or establishment in which employed (or employer)..... Goods Merchant

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Henry Baetjer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa D. Bregel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin L. Baetjer

(Address) 16 W. Madison St

15-

Filed DEC 29 1915, 191... HARRY O. ANDREWS, Marital Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1915, to November 26th 1915, that I saw h[im] alive on November 26th 1915, and that death occurred, on the date stated above, at 7.05 A m.

The CAUSE OF DEATH* was as follows:

Embolism of Coronary Artery?

1 minute before death

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Thomas B. Futcher M. D.

Dec 29th, 1915. (Address) 230 Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	12 30, 1915
20-UNDERTAKER	ADDRESS
Henry W. Jenkins Eng Sons Co	Guilford & Orchard Sts

Spec.—8-24-14—M. & T.—2000 Bks.

C90766

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90766

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Cathedral St.; 11th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Bland Gaither

(Residence in Baltimore: No. 508 Cathedral St.; 22 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married.

6-DATE OF BIRTH, ... Sept. (Month) 19th (Day), 1839 (Year)

7-AGE,	If LESS than 1 day,
76 yrs. 3 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Anne Arundel Co. Md

PARENTS.

10-NAME OF FATHER, Isaac Mayo

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Bland

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. W. Houston Taylor

(Address) 508 Cathedral St.

15- Filed DEC 29 1915 191... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1915, to Dec 28 1915, that I saw h[er] alive on Dec 28 1915, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Acute pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. 6 mos. 2 ds.

(Signed) Julius Friedenwald M. D.

Dec 28, 1915 (Address) 10 W. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Johns Cem. Ellicott City Md	Dec. 31st, 1915
20-UNDERTAKER	ADDRESS
Henry W. Jenkins & Sons Inc	North Clark & Orchard Sts.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90767 C90767

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 N. Eden ST.; 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert G. Dunkler

(Residence in Baltimore: No. 1210 N. Eden St.; yrs. 4 mos. 2 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 2nd, 1915 (Month) (Day) (Year)

7-AGE, yrs. 4 mos. 27 ds. | If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, George J. Dunkler

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER Frances H Hart

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. J. Dunkler

(Address) 1210 N. Eden St

15- DEC 29 1915 Filed....., 191... HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1915, to Dec 29 1915, that I saw her alive on Dec 28 1915, and that death occurred, on the date stated above, at 1-20 9 m.

The CAUSE OF DEATH* was as follows:

Diarrhoea — Marasmus

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 5 mos. ds.

(Signed) Edward Mellus M. D.

Dec 29, 1915. (Address) 6 W. Mt. Royal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery | DATE OF BURIAL, Dec 30, 1915

20-UNDERTAKER Henry Doeckum Sons | ADDRESS 1301 E Eager

Spec.—£84 14—M. & T.—2000 Bks.

C90768

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90768

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 E. 27th St. ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Anne Parrish

(Residence in Baltimore: No. 610 E. 27th St. St.; 52 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November 11th, 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Matthews

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary Reaves.

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Parrish

(Address) 610 E. 27th St

15-

Filed DEC 29 1915 191... MARY C. ANDREWS.....
Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 28th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13th 1915, to Dec 28th 1915, that I saw her alive on Dec 28th 1915, and that death occurred, on the date stated above, at 3.50 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. H. Isaacs M.D.

Dec. 28th 191.5 (Address) 253 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Cemetery Govanstg — DATE OF BURIAL, Dec. 31., 191.5

20-UNDERTAKER Henry Hoen & Son — ADDRESS 1301 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

C90769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

C90769

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 W Cross ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Infant Clark

(Residence in Baltimore: No. 616 W. Cross St.; 1 hour yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 29 (Day), 1915 (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, 1 hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michael Clark

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Lida Grain

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Michael Clark

(Address) 616 W. Cross St

15- Filed DEC 29 1915, 191... HARRY O. ARLMAN, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1915, to Dec 29 1915, that I saw her alive on Dec 29 1915, and that death occurred, on the date stated above, at 7 4 m.

The CAUSE OF DEATH* was as follows:

Prematurity

Prolonged Labor 1 hour

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Geo Hammerbacher M. D.

Dec 29 1915. (Address) Light & Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Mt Olivet	Dec 29, 1915
20-UNDERTAKER	ADDRESS
Jas. Diguan & Son	1000 S. Sharp

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90770 — 11 — 9V — C90770

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1016 N Eutaw St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas Houck

(Residence in Baltimore: No. 1016 N Eutaw St.: 23 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower.

6-DATE OF BIRTH: August (Month) 4th (Day), 1844 (Year)

7-AGE: 71 yrs. 4 mos. 24 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cigar Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Manchester Carroll Co., Maryland

PARENTS

10-NAME OF FATHER: Jacob Houck

11-BIRTHPLACE OF FATHER (State or country): Manchester Carroll Co. Maryland

12-MAIDEN NAME OF MOTHER: Rebecca Krauss

13-BIRTHPLACE OF MOTHER (State or country): Manchester Carroll Co Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard M Houck

(Address) 1016 N Eutaw St.

15. DEC 29 1915 (Filed) ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 28 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1915, to Dec 28 1915, that I saw him alive on Dec. 27, 1915, and that death occurred, on the date stated above, at 3a. m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. K. Pelletreau M. D.

(Address) 817 Hamilton Terrace.

Dec 28, 1915

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. — DATE OF BURIAL: Dec. 30, 1915

20-UNDERTAKER: McLean & Jones — ADDRESS: 833 Linden ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90771 C90771

CERTIFICATE OF DEATH.

REGISTERED No. C 50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Penna Av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Krie

(Residence in Baltimore: No. 2824 Pennsylvania Av St.; 66 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. Febr 1st, 1829 (Month) (Day) (Year)

7-AGE. 86 yrs. 10 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Havre France

PARENTS.

10-NAME OF FATHER, Laurent Ride

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Babet Hofman

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Walter E Krie

(Address) 2824 Penna Av

15- Filed DEC 29 1915 ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1915, to Dec 28 1915, that I saw h[er] alive on Dec 28 1915, and that death occurred, on the date stated above, at 8.20 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma, Acidosis

(Duration) yrs. mos. 4 ds.

(Signed) Joseph E Gichner M. D.

Dec 28, 191 5. (Address) 1516 Madison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cemetery — DATE OF BURIAL, Dec 31, 191 5

20-UNDERTAKER Mrs A Rohde & Son — ADDRESS 730 Park Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90772

CERTIFICATE OF DEATH.

x 74 C90772

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert L Tate Jr

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 21 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 29, 1908 (Month) (Day) (Year)

7-AGE, 7 yrs. 3 mos. 0 da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Robt L Tate

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed DEC. 29 1915. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 8 1915, to December 29 1915, that I saw h in alive on December 29 1915, and that death occurred, on the date stated above, at 1 22 a m.

The CAUSE OF DEATH* was as follows:

Cerebellar Cyst.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Post Operative Stupt. Infection

..... (Duration) ..... yrs. ..... mos. 18 ds.

(Signed) L W Burket M. D.

Dec. 29., 191.5 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 21 ds. In the State ..... yrs. ..... mos. 21 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 42 Ninth St Charlotte N C

19-PLACE OF BURIAL OR REMOVAL, Charlotte N.C. DATE OF BURIAL, Dec 29, 191..

20-UNDERTAKER Stewart & Mowen Co ADDRESS 108 W Main St

Jerry Williams

C90773

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90773

1 PLACE OF DEATH — REGISTERED No. C 170

CITY OF BALTIMORE (No. 603 Sarah Ann St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Jerry Williams

(Residence in Baltimore: No. 603 Sarah Ann St.: 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Blk | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ..... January ....., 1 ..... (Month) (Day) (Year)

7 AGE: 57 yrs. — mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Hostler
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Md. Balto.

PARENTS

10 NAME OF FATHER: Jack Hall

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Hall

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lena Williams

(Address) 603 Sarah Ann

15 Filed DEC 29 1915 ROBERT . KRAUTER, Burial Permits Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: ..... Dec ..... 28 ....., 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21st, 1915 to Dec 28 1915

that I saw h[illegible] alive on Dec 28 1915

and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) ..... yrs. 8 mos. 10 ds

Contributory (SECONDARY) Eurimia

(Duration) ..... yrs. ..... mos. 6 days

(Signed) Frank W Gunnar M. D.

Dec 29, 1915 (Address) 322 N Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL: Dec 30, 1915

20 UNDERTAKER: Daniel Easton — ADDRESS: 916 Penna ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90774

CERTIFICATE OF DEATH.

105 C90774

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 N. Payson ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia M. Hulsebus

(Residence in Baltimore: No. 301, N. Payson St.; 10 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE, 64 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Custer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. W. Hulsebus

(Address) 301 N. Payson St.

15- Filed DEC. 29. 1915. ROBERT VERDIER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 27th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1915, to Dec 27 1915, that I saw h[illegible] alive on Dec 27 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

(a) [illegible]
(b) Hemorrhage
(c) Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Dec 29, 1915. (Address) 2927 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Dec 30, 1915.

20-UNDERTAKER Geo. A. Gerber ADDRESS Balto & Payson Sts

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90775 C90775

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 134 N. Duncan ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludwina Ulbrich

(Residence in Baltimore: No. 134 N. Duncan St.; 30 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 15 (Month) (Day), 1837 (Year)

7-AGE, 78 yrs. 9 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Matthew Imhof.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Glos.

(Address) Hamilton Balto Co. Md.

15- Filed DEC 29 1915, 191. ROBERT . KRAUSE, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 28 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 191 5, to Dec 28 191 5, that I saw h alive on Dec 27 191 5, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

..... (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pregnancy terminal accidental

..... (Duration) yrs. mos. 7 ds.

(Signed) Edward J. Ewald M. D.

Dec 29, 191 5 (Address) 414 N. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec. 30, 1915

20-UNDERTAKER Lilly & Zeiler — ADDRESS 403 S. Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

August Yaworoski

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C90776 C90776

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Yaworoski

(Residence in Baltimore: No. 1403 Cookie St.; 25 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS especially state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Last Known (Day) ..... (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)..... General.

9-BIRTHPLACE, (State or Country), Poland.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont know

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mr. Shannon

(Address)..... Md. General Hospital

15- Filed DEC 29 1915, 191.... ROBERT J. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1915, to Dec. 27, 1915, that I saw h.im alive on Dec. 27, 1915, and that death occurred, on the date stated above, at 7.05 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis.

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis.

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) S.D. Shannon M. D.

Dec. 27, 1915. (Address) Maryland General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ? ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1403 Cookie St.

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cemetery

DATE OF BURIAL, Dec 30, 1915.

20-UNDERTAKER P. J. M. J. Flynn

ADDRESS 1432 High St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(90777) (90777)

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1447 Hall St.; 24 (WARD)) REGISTERED NO. C

2-FULL NAME Patrick Daly

(Residence in Baltimore: No. 1447 Hall St.: 35 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 1 st (Day), 1850 (Year)

7-AGE, 65 yrs. 7 mos. 27 ds.

If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, ? unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER ? unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Ursula, Md.

(Address) 12-28-15

15- Filed DEC 29 1915 ROBERT J. KRAUTER, Burial Permit Clerk. By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) – 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-18 1915, to 12 27 1915, that I saw h[illegible]alive on 12 27 1915, and that death occurred, on the date stated above, at 10.45 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Enteritis

(Duration) ... yrs. ... mos. 12 ds.

(Signed) St Ursula M. D.

12-28., 1915 (Address) 1370 Potomac

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Dec 30, 1915

20-UNDERTAKER W. & M. L. Flynn

ADDRESS 1422 Light St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90778 C90778

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1540 Woodyear ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen F. Wade

(Residence in Baltimore: No. 1540 Woodyear St.: 30 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1856 (Year)

7-AGE, 59 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Green

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Cecilia Green

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Slattery

(Address) 1540 Woodyear St.

15. Filed DEC 29 1915, 191... ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 27 (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1915 to Dec. 26 1915 that I saw h[er] alive on Dec. 26 1915, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. Quinn M. D.

Dec 29 1915. (Address) 1507 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Dec. 30, 1915

20-UNDERTAKER Lanne & Orgill — ADDRESS 1361 W. Lanvale

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(90779) (90779)

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry H Klasmeier

(Residence in Baltimore: No. 1432 N Gay St.; Fife yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 29th, 1878 (Month) (Day) (Year)

7-AGE, 37 yrs. 4 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Tailoring

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Herman Klasmier

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna. Denker

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Klasmeier

(Address) 25 E Cross St

15. DEC 29 1915 Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1915, to Dec 28 1915, that I saw h[illegible] alive on Dec 28 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Pneumonia

(Duration) about 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Ernest W G Rieger M. D.

Dec 28, 1915. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 38 yrs. mos. ds.

Where was disease contracted, if not at place of death? Maryland Penitentiary

Former or usual residence 1432 N Gay St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem — DATE OF BURIAL, 12-31-15

20-UNDERTAKER E & B Earle — ADDRESS 115 E West St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90780

REGISTERED No. C 90

1-PLACE OF DEATH
(If) OF BALTIMORE (No. 619 Harvey ST. 24 WARD)
2-FULL NAME Michael Zaut
(Residence in Baltimore: No. 619 Harvey St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Nov. (Month) 12 (Day), 1844 (Year)

7-AGE. 81 yrs. 1 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Grocer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). ——

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs M. Zaut
(Address) 619 Harvey St.

15 DEC 29 1915 ROBERT . KRAUTER,
Filed ....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Decay

(Duration) yrs. mos. ds.

(Signed) Edw Grant (Coroner) M. D.

Dec 29, 1915 (Address) 547 Lost St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross. A A Co	12-30 1915
20-UNDERTAKER	ADDRESS
C & B Harle	115 E West St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90781

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 C90781

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2034 N. Lanvale St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Susan B. Fayter

(Residence in Baltimore: No. 2034 N Lanvale St.: 72 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (If you use the word): Single

6 DATE OF BIRTH: March 22, 1843 (Month) (Day) (Year)

7 AGE: 41 yrs. 9 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): James City Co Va

PARENTS

10 NAME OF FATHER: Wm. P. Fayter

11 BIRTHPLACE OF FATHER (State or country): James City Co Va

12 MAIDEN NAME OF MOTHER: Mary V. Hankins

13 BIRTHPLACE OF MOTHER (State or country): James City Co Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary V. Taylor

(Address) 2034 N Lanvale

15 Filed DEC 29 1915, 191 ROBERT . KRAUSE, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. 29th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1915, to Dec 29, 1915, that I saw her alive on Dec 29, 1915, and that death occurred, on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows:

Uraemia

Pyelonephritis (4 mo)

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Partial removal of R. kidney (12 yrs ago)

(Duration) 12 yrs. 4 mos. ds.

(Signed) M. E. Jones M. D.

Dec 29, 1915 (Address) 1235 N Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: Dec. 30, 1915

20 UNDERTAKER: Geo. W. Little ADDRESS: 208 Fremont Ave

Elija C. Kuhn.

C90782

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

29

C90782

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1726 Warwick Av. St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Elija C. Kuhn

(Residence in Baltimore: No. 1726 Warwick Av. St. 71 yrs. 5 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July (Month) 28 (Day), 1844 (Year)

7 AGE: 71 yrs. 5 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Stone
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joshua Kuhn

11 BIRTHPLACE OF FATHER (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Catherine Macdonald

13 BIRTHPLACE OF MOTHER (State or country): Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Blauer

(Address) 1726 Warwick Av

15 DEC 29 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December (Month) 28 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 1915, to. March 28 1915, that I saw h[illegible] alive on March 28, 1915, and that death occurred, on the date stated above, at 6.45 a m.
The CAUSE OF DEATH* was as follows:

Endocarditis
Myocarditis
Endocarditis (Duration) yrs. 6 mos. ds
Contributory (SECONDARY) Myocarditis
(Duration) yrs. mos. 7 ds.

(Signed) H. E. Blume M. D.
Dec 29, 1915 (Address) 1601 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: Dec 30, 1915

20 UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90783 × 92 C90783

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Felix C. Poppe

(Residence in Baltimore: No. Johns Hopkins Hospital St.; yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	married

6-DATE OF BIRTH, March 18, 1872
(Month) (Day) (Year)

7-AGE, 43 yrs. 9 mos. 10 ds. | If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Iowa

PARENTS.

10-NAME OF FATHER, Dr. Ewald Poppe

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER Ferdinandia Rhodius

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. C. Smith

(Address) Johns Hopkins Hospital

15- DEC 29 1915 ROBERT . KRAUTER,
Filed....., 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 14 1915, to December 28 1915, that I saw h[illegible] alive on December 28 1915, and that death occurred, on the date stated above, at 3 30 a.m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia
upper right Broncho
pneumonia

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs. 1 mos...ds.

(Signed) Chas. S. Long M. D.

Dec 28, 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death...yrs...mos. 10 ds. In the State ✓ yrs...mos...ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 440 Lamont St Johnson City Tenn

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Dec 29, 191...

20-UNDERTAKER Geo. H. Little | ADDRESS

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90784 C90784

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N. Broadway ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Knight

(Residence in Baltimore: No. 819 N. Broadway St.; City yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Oct 29, 1850 (Month) (Day) (Year)

7-AGE. 65 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Johnathan W Knight

11-BIRTHPLACE OF FATHER (State or Country). Phila Pa

12-MAIDEN NAME OF MOTHER. Amelia A Ceil

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Bayne

(Address) 819 N. Broadway

15- Filed DEC 30 1915, 191... HARRY C. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1915, to Dec 28 1915, that I saw h.. alive on Dec 28 1915, and that death occurred, on the date stated above, at 10 40 P m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) 1 yrs. Not Known mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Alb. A Bagel M. D.

12/29, 191.. (Address) 709 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore County DATE OF BURIAL, Dec 31 191.5

20-UNDERTAKER Robert J. Turner ADDRESS 1442 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90785

HEALTH DEPARTMENT—CITY OF BALTIMORE

8

C90785

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 529 Numsen street, ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wright,

(Residence in Baltimore: No. 529 Numsen street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, ... August (Month) 6th (Day), 1915. (Year)

7-AGE, 0 yrs. 4 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None,
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Thomas Wright,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Annie Poney,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Wright, mother,

(Address) 529 Numsen street.

15- FILED DEC 30 1915 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... December (Month) 28th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Pertussis,

..... (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) yrs. mos. ds.

(Signed) J. Frederick Kempel M. D.
(Coroner.)

Dec. 29th 1915. (Address) 3310 W. North Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Dec. 30, 1915
20-UNDERTAKER Daniel Easton	ADDRESS 916 Penna ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90786 C90786

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 Madison Ave or) 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Etta Hartz

(Residence in Baltimore: No. 2409 Madison Ave. (or) 78 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dec. (Month) ..... (Day), 1822 (Year)

7-AGE, 93 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Benjamin Green

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Jennie (Second name Unknown)

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Hartz

(Address) 702 Dorkfield Ave

15-

Filed DEC 30 1915 191 HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Dec. (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17, 1915, to Dec 29, 1915, that I saw her alive on Dec 29, 1915, and that death occurred, on the date stated above, at 7.15 P.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) yrs. 10 mos. ds.

(Signed) Isaac M. Wacks M. D.

Dec 29, 1915 (Address) 1802 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Harmony Cem. DATE OF BURIAL. 12/30. 1915

20-UNDERTAKER Jack Levin ADDRESS 1419 Hall St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C90787

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 N. Cross ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Clark

(Residence in Baltimore: No. 616 N. Cross St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 29, 1915
(Month) (Day) (Year)

7-AGE, ...yrs...mos...ds.

If LESS than 1 day, 10 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ———
(b) General nature of industry, business, or establishment in which employed (or employer) ———

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michael Clark

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Lida Grain

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Clark

(Address) 616 N. Cross St.

15-

Filed DEC 30 1915, 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29 191[illegible], to Dec 29 191[illegible], that I saw her alive on Dec 29 191[illegible], and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Prematurity Labor

I.O. Hem

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...ds.

(Signed) W. Hammerbacher M. D.

Dec 29 191[illegible] (Address) 4 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet

DATE OF BURIAL, Dec 30, 191[illegible]

20-UNDERTAKER Jas Higginbotham

ADDRESS 1000 E. Pleasant

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

K·S·A·F·O·D·A·K

Spec.—8-24-14—M. & T.—2000 Bks.

C90788

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90788

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 W. Baltimore ST.; 17 WARD)

REGISTERED No. C 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Terry Boone

(Residence in Baltimore: No. 1515 W. Baltimore St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) 1879 (Day) 1 (Year)

7-AGE 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Wm Boone

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Laura V. Rumbolt

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura V. Boone

(Address) 1515 W. Baltimore St.

15-

Filed DEC 30 1915, 19.. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, DEC. 28th, 19 15
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl. 25th 1915, to DEC. 28th 1915, that I saw him alive on DEC 24th 1915, and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 3 mos. dy.

CONTRIBUTORY (Secondary) Supposed Cerebral Arterio Sclerosis (Duration) yrs. mos. ds.

(Signed) H. Lee Elliott M. D.

12/27, 19 15. (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bet Israel Cem | DATE OF BURIAL, Jan 1, 1916

20-UNDERTAKER Robert J Elliott | ADDRESS 506 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90789

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH Maryland Gen. Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. Linden + Madison ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Downes

(Residence in Baltimore: No. 215 Canal St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Sept. (Month) 9 (Day) 1[illegible] (Year)

7-AGE, 53 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Westminster Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) by Ind Green

(Address) 215 Canal Alley

15- Filed DEC 30 1915 191.. HARRY O. ANDREWS, Registrar. MORTUARY Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1915, to Dec-27 1915, that I saw h[illegible] alive on Dec-27 1915, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ascending Colon

Chronic Diagnosis Hist Korsor (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Hamilton Andrews M. D.

Dec 28, 1915 (Address) 847 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State 53 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Do not Know.

Former or usual residence 215 Canal St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetary

DATE OF BURIAL, Dec. 30, 1915

20-UNDERTAKER Rotest-A Wolf

ADDRESS 506 Rogers Ave

C90790

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90790

CERTIFICATE OF DEATH

64

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1602 Hollins ST.: 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Josephine A. Horner

(Residence in Baltimore: No. 1602 Hollins St.: 60 yrs. 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: Jan. 30 1843 (Month) (Day) (Year)

7 AGE: 72 yrs. 8 mos. 28 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Pa. Germany

PARENTS

10 NAME OF FATHER: Geo. W. Peterson

11 BIRTHPLACE OF FATHER (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Julia Chantler

13 BIRTHPLACE OF MOTHER (State or country): Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Thos. Virg. Jackson
(Address): 1602 N. Hollins

15 DEC 30 1915 — SIGNATURE OF REGISTRAR: Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. 28, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1915, to Dec. 28, 1915, that I saw h[illegible] alive on Dec. 28, 1915, and that death occurred, on the date stated above, at 9:20 a. m.
The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy
(Duration) 0 yrs. 6 mos. 2 ds.
Contributory (SECONDARY) Uremia
(Duration) 0 yrs. 0 mos. 1 ds.

(Signed) C. A. Horner M. D.
12/29, 1915 (Address) 1605

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem. — DATE OF BURIAL: Dec 31, 1915

20 UNDERTAKER: Jos. B. Cook. — ADDRESS: 1003 E. Baltimore St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C90791

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90791

CERTIFICATE OF DEATH.

x 56

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. Franklin Square Hospital 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maurice J Cosbery

(Residence in Baltimore: No. Franklin Square Hospital St. 3 yrs. 2 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, Dec. (Month) 18th (Day), 1859 (Year)

7-AGE, 56 yrs. ... mos. 10 ds. — If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Cosbery.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Catherine Higgins

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Cosbery

(Address) 116 N Hare St

15- Filed DEC 30 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk's Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 28th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Sam'l Ulman M. D. (Coroner)

Dec. 29th 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ? yrs. ? mos. 3 ds. In the State ? yrs. ? mos. ... ds.

Where was disease contracted, if not at place of death? Mt Winans

Former or usual residence Mt Winans

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	12/31/15

20-UNDERTAKER George C Talley — ADDRESS Fulton & Lanvale

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 C90792

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Hebrew Hospital St. 3 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonio ferri

(Residence in Baltimore: No. 32 Albemarle Str St.; yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown
(Month) (Day) (Year)

7-AGE, 18 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Railroad Co

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George - F. Routh

(Address) 1735 Hanford ave

15-

Filed DEC 30 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec., 24, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental injuries - result of Fract. Skull caused by a moving locomotive
(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs.....mos.....ds.

(Signed) Wm. A. Savage M. D.
(Coroner.)

Dec. 29, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs.....mos. 1 ds. In the State ....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? unknown
Former or usual residence 32 Albemarle St.

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery — DATE OF BURIAL, Dec. 30, 1915

20-UNDERTAKER George - F. Routh — ADDRESS 1735 Hanford

Spec.—5-24-14—M. & T.—2000 Bks.

C90793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C90793

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1617 Keyser ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Howard

(Residence in Baltimore: No. 1617 Keyser st. St.; ..... yrs., 5 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, JULY 9, 1915
(Month) (Day) (Year)

7-AGE, X yrs. 5 mos. 25 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Frank Howard

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Sarah Johnson

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Howard

(Address) 1617 Keyser

15- Filed DEC 30 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1915, to Dec 15 1915; that I saw h[illegible] alive on Dec 15 1915, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:
Acute Bronchitis
.....
.....

..... (Duration) X yrs. X mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

..... (Duration) X yrs. 2 mos. X ds.

(Signed) ..... M. D.

Dec 29, 1915 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Dec 30 1915
20-UNDERTAKER George J. Rauth	ADDRESS 735 Hanford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-14-14—M. & T.—2000 Bks.

C90794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90794

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. At Elizabeth Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Teresa Belmont

(Residence in Baltimore: No. 7 St. Paul St. St.; 2 yrs., 3 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	Single

6-DATE OF BIRTH, Sept 6, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 3 mos. 22 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edw. Parker

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Allison Belmont

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Arthur M. Dubois

(Address) St. Elizabeth Home

15- Filed DEC 30 1915, 191.. HARRY O. ANDREWS, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1914, to Dec 28 1915, that I saw her alive on Dec 28 1915, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) .... yrs. .... mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) .... yrs. .... mos. 7 ds.

(Signed) Edward H. Mundall M. D.

Dec 29, 1915. (Address) 101 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 3 mos. 2 ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. | DATE OF BURIAL, Dec 30, 1915

20-UNDERTAKER Geo. H. Holland | ADDRESS 517 R Dorf St.

R. R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90795

CERTIFICATE OF DEATH.

146 90795

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1st Elizabeth Home ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Fruling

(Residence in Baltimore: No. St Paul St., St.; 4 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Oct 2, 1911. (Month) (Day) (Year)

7-AGE, 4 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Simon Fruling

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ben Luther Imboden

(Address) St Elizabeth Home

15- DEC 30 1915 Filed, 191..

HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1915. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1915, to Dec 29 1915, that I saw him alive on Dec 28 1915, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Septic Meningitis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Mastoiditis

(Duration) yrs. 2 mos. ds.

(Signed) T. H. Friedenwald M. D.

Dec 30, 191.. (Address) 11 E Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 2 mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Dec 30, 191.6

20-UNDERTAKER Geo H. Hoeland ADDRESS 417 Park St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90796

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90796

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 S Wolfe ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Brown

(Residence in Baltimore: No. 730 S Wolfe — St.; — yrs., — mos. — da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Feb. 12, 1867
(Month) (Day) (Year)

7-AGE, 48 yrs. 10 mos. 16 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Adam Austin

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Krumm

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. M. Brown

(Address) 730 S Wolfe St

15- Filed DEC 30 1915 HARRY O. ANDREWS, Marial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1915, to Dec 28 1915, that I saw h[illegible] alive on Dec 28 1915, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(b)

(Duration) ....yrs. ....mos. 8 da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) [illegible] M. D.

Dec 29, 1915. (Address) 1900 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Dec 31, 1915.

20-UNDERTAKER [illegible]

ADDRESS Bank. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C90797

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90797

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 E Fairmount Ave ST. 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ethel Beere.

(Residence in Baltimore: No. 2328 E Fairmount ave St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 3rd., 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, James Beere

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ethel Ogle

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Beere

(Address) 2328 E Fairmount

15- Filed DEC 30 1915, 191. HARRY C. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 29, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1915, to Dec 29 1915, that I saw h. Ew alive on Dec 28 1915, and that death occurred, on the date stated above, at 5.45 a m.

The CAUSE OF DEATH* was as follows:

1. Bronchio-Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Meningitis Simple

(Duration) ....yrs. ....mos. 3 ds.

(Signed) J. G. Rust M. D.

Dec 29 1915 (Address) 2328 E Fairmount

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Pine Grove

DATE OF BURIAL. Dec 31 1915

20-UNDERTAKER John A Moran

ADDRESS Bank Lanvale St

NOTE.—Name of informant should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90798 C90798

CERTIFICATE OF DEATH.

145

1-PLACE OF DEATH B-2073

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 105 W. Lanvale St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hall Schmidt Jr

(Residence in Baltimore: No. 105 W Lanvale St.; ....yrs., ...mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 15, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 14 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ba Md

PARENTS.

10-NAME OF FATHER, John H. Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Cal.

12-MAIDEN NAME OF MOTHER Louisa Lorzy

13-BIRTHPLACE OF MOTHER (State or Country), Ba Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Schmidt

(Address) 105 W Lanvale St

15-Filed DEC 30 1915 HARRY O. ANDREWS, Asstat Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 24 1915, to Dec 29 1915, that I saw h[illegible] alive on 11 28 1915, and that death occurred, on the date stated above, at 6 30 p m.

The CAUSE OF DEATH* was as follows:

Acute Cystitis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. C. Deaver M. D.

Dec 29, 1915. (Address) 1400 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Schmidt's Cem.	Dec. 30, 1915
20-UNDERTAKER Tilly & Feiler	ADDRESS 403 W. Mo[illegible]

NOTE—CAUSE OF DEATH must be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90799

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C90799

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Walbrook Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Decker

(Residence in Baltimore: No. 1916 Walbrook Ave St.; 31 yrs. 2 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct (Month) 1 (Day), 1884 (Year)

7-AGE, 31 yrs. 2 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Christian G. Decker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Martha D. Crowdis

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John Foutz

(Address) 1916 Walbrook Ave

15-

Filed DEC 30 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1915, to Dec 28 1915, that I saw him alive on Dec 27 1915, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. 1 mos. ds.

(Signed) Henry Linn M. D.

Dec 29 1915. (Address) 738 Allegheny

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, 12/31, 1915

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90800 C90800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Woman's Hosp ST.; 11 HOWARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Emma Blanchard

(Residence in Baltimore: No. 1219 McCulloh St ST.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May 25, 1868.
(Month) (Day) (Year)

7-AGE, 47 yrs. 7 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

PARENTS.

9-BIRTHPLACE, (State or Country), Seven Oaks, New Jersey

10-NAME OF FATHER, Sidney H. Blanchard

11-BIRTHPLACE OF FATHER (State or Country), New York State

12-MAIDEN NAME OF MOTHER Mary Clark

13-BIRTHPLACE OF MOTHER (State or Country), New York State

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charlotte B. Vincent

(Address) 9 E. 27th Street

15- HARRY O. ANDERSON

Filed DEC 30 1915, 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 30, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 28 1915, to Dec 30 1915, that I saw h.. alive on December 30 1915, and that death occurred, on the date stated above, at 1.7 m.

The CAUSE OF DEATH* was as follows:

Primary Peritonitis
Gangrene of Intestine

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Intestinal adhesions

(Duration) — yrs. — mos. — ds.

(Signed) R. L. Sylvester M. D.

....., 191... (Address) Woman's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 2 ds. In the State 25 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1219 McCulloh St.

19-PLACE OF BURIAL OR REMOVAL, Swanton N. J. DATE OF BURIAL, Jan. 1, 191[illegible]

20-UNDERTAKER William Cook ADDRESS 502 E North

N. B.—All the questions should be carefully answered and the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 C90801

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Boone St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond S. Cross.

(Residence in Baltimore: No. 2007 Boone St.; 21 yrs., 8 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White.	Married

6-DATE OF BIRTH, March 4, 1894
(Month) (Day) (Year)

7-AGE, 21 yrs. 9 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Driver
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Benjamin F. Cross

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Oleria Ray.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin F. Cross

(Address) 2007 Boone.

15-

DEC 30 1915 HARRY O. ANDERSON

Filed ....., 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8 1915, to Dec 29 1915, that I saw h[illegible] alive on Dec 29 1915, and that death occurred, on the date stated above, at 5:20 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis following Operation for Intestinal Obstruction

(Duration) X yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Tubercular Peritonitis

(Duration) X yrs. 2 mos. 21 ds.

(Signed) O. T. Hudson M. D.

Dec 29, 1915. (Address) 928 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Loraine Cemetery	1/1, 1916.
20-UNDERTAKER	ADDRESS
Wm Cook	502 E North Ave

FILL OUT WITH PEN AND INK. PENCIL WILL NOT COPY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-1—M. & T.—2000 Bks.

C90802 HEALTH DEPARTMENT—CITY OF BALTIMORE 109 C90802

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Dorsey

(Residence in Baltimore: No. University Hospital St.; ... yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Negro	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)
November 1861

7-AGE, 54 54 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, David Blake

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Albert S. Dorsey
(Address) Conowingo Md.

15-
FILED DEC 30 1915, 19... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 29, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1915, to Dec 29 1915, that I saw her alive on Dec 29 1915, and that death occurred, on the date stated above, at 8-30 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
with Mesenteric Thrombosis
(Duration) ... yrs. 5 mos. 3 ds.
CONTRIBUTORY (Secondary) Intestinal Adhesions
(Duration) 5 yrs. — mos. — ds.

(Signed) R. L. Johnson M. D.
Dec 29, 1915. (Address) University Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. 6 ds. In the State 54 yrs. — mos. — ds.
Where was disease contracted, if not at place of death? Street Md
Former or usual residence Street Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Conowingo Md	12-30, 1915.
20-UNDERTAKER E & B Hurle	ADDRESS 115 E West St

Spec.—8-24-14—M. & T.—2000 Bks.

C90803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C90803

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Gutman Ave ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannie Ellen Gorman

(Residence in Baltimore: No. 611 Gutman Ave St.; ..... yrs., ... mos. ..... ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 16 (Month) (Day), 1882 (Year)

7-AGE, 33 yrs. 11 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, James H. Hynson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ellen Stranger

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Gorman.

(Address) 611 Gutman Ave

15- Filed DEC 30 1915, 191.. ROBERT J. KRAUTER, BURIAL PERMIT Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 29th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 21st 1915, to Dec 29th 1915, that I saw her alive on Dec 29th 1915, and that death occurred, on the date stated above, at 6:10 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Tuberculosis

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. H. Hunsperger M.D.

Dec 30 1915 (Address) 2537 Fountain Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Dec 31 1915

20-UNDERTAKER C. A. Windfeld Jr. — ADDRESS Fountain Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C90804

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Aull St ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Mary A. Hahn

(Residence in Baltimore: No. 618 Aull St

St.; 78 yrs. 7 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 8 (Month) (Day) 1837 (Year)

7-AGE, 78 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, Jacob Fee

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Jarvis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Katherine E. Bell

(Address). 618 Aull St

15-

Filed DEC 30 1915 1915

KOEKRT · KRAUTER

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 21 1915, to Dec. 29 1915, that I saw her alive on Dec. 28 1915, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Senility & Exhaustion

Syncope (Duration) ....yrs. ....mos. 3 ds.

(Signed) Wm J Pillsbury M. D.

Dec 30, 1915. (Address) 2801 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park DATE OF BURIAL. Dec 31, 1915

20-UNDERTAKER Tom Cook ADDRESS 502 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14---M. & T.---2000 Bks.

C90805

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

92 C90805

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 932 N. Washington St.; 7 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Savina Berl

(Residence in Baltimore: No. 932 N. Washington St.; 2 yrs., 9 mos. 8 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. March 21, 1913
(Month) (Day) (Year)

7-AGE. 2 yrs. 9 mos. 8 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. C. Berl

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Caroline Holland

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Caroline Berl
(Address) 932 N. Washington

15-
Filed DEC 30 1915 ROBERT . KRAUTER, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 29, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 22 1915, to December 29 1915, that I saw h-er alive on December 29 1915, and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Bronchitis

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 7 da.

(Signed) Theo. L. Simons M. D.

Dec 29 1915. (Address) 1026 N. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem't
DATE OF BURIAL. Dec 31, 1915.

20-UNDERTAKER Zurkler & Zurkler
ADDRESS 1739 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90806

1-PLACE OF DEATH Mt Vernon Place Cathedral & G

CITY OF BALTIMORE: (No. Severn Apts ST.: 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Dalton Thompson

(Residence in Baltimore: No. Severn Apts St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, December 24, 1860
(Month) (Day) (Year)

7-AGE, 55 yrs. 0 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Treasurer
(b) General nature of industry, business, or establishment in which employed (or employer): N.C.R.R.

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, John W. Thompson

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Louise Exum

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr H. D. Thompson Jr

(Address) Severn Apts

15-

Filed DEC 30 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH December 30th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1915, to Dec 30 1915, that I saw him alive on Dec 29 1915, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

Unknown (Duration) yrs. mos. ds.

(Signed) Thos. P. McCormick M. D.

Dec 30, 1915. (Address) 1421 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rockingham N.C. DATE OF BURIAL, Dec 30, 1915

20-UNDERTAKER Stewart & Bowen Company ADDRESS 108 N North Ave

N.B.—Registrars are directed not to accept any certificate which shall not state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90807

CERTIFICATE OF DEATH.

94 C90807

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 W 22nd St.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Tutt Herring

(Residence in Baltimore: No. 113 W 22nd St.; 78 yrs. 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, September 17, 1837 (Month) (Day) (Year)

7-AGE, 78 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Henry Herring

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Louisa Lowry

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr J. A. Hutchins

(Address) 113 22nd St

15- DEC 30 1915 ROBERT . CHAILES, Registrar.
Filed....., 191.. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1913, to Dec 29 1915, that I saw her alive on Dec 29, 1915, and that death occurred, on the date stated above, at 10 45 P.m.

The CAUSE OF DEATH* was as follows:

Old Age

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY. (Secondary) Hypostatic Pneumonia

(Duration) yrs. 3 mos. ds.

(Signed) Jno. W. Duff M. D.

Dec 30, 1915 (Address) 2020 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cy — DATE OF BURIAL, Dec. 31, 1915

20-UNDERTAKER Stewart & Mowen Co — ADDRESS 1082 N Howard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90808

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C90808

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 101 N. Belnord ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonino Di Paul

(Residence in Baltimore: No. 101 N. Belnord ave St., yrs. 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov. (Month) 23d (Day) 1915 (Year)

7-AGE: 0 yrs. 1 mos. 7 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): City Balto

PARENTS

10-NAME OF FATHER: Agostino Di Paul

11-BIRTHPLACE OF FATHER (State or country): Italy

12-MAIDEN NAME OF MOTHER: Carolina Vetri.

13-BIRTHPLACE OF MOTHER (State or country): Italy -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Agostino De Paul

(Address) 101 N. Belnord Ave

15- Filed DEC 30 1915 ROBERT . GRAETER, Registrar of Permit Office
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 30th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17th, 1915, to, Dec 30th 1915, that I saw h[illegible] alive on Dec 27 1915, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Inanition

(Duration) yrs 1 mos 7 ds.

Contributory (SECONDARY) Inanition -

(Duration) yrs 1 mos 7 ds.

(Signed) L. Bunoro M. D.

12-30 1915 [Address] 160 S. Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. — In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Vincent Cem — DATE OF BURIAL: Dec 30th 1915

20-UNDERTAKER: Tilley and Keilen — ADDRESS: 403 S. Wolfe St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90809 — CERTIFICATE OF DEATH — 92 C90809

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 274 S. East Ave ST. 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R. Shiselin (Chiselin)

(Residence in Baltimore: No. 274 S. East Ave St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: March (Month) 22nd (Day), 1871 (Year)

7-AGE: 44 yrs. 9 mos. 6 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: William R. Shiselin

11-BIRTHPLACE OF FATHER (State or country): V. a.

12-MAIDEN NAME OF MOTHER: Martha Fugit

13-BIRTHPLACE OF MOTHER (State or country): V. a

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adelaide Shiselin

(Address) 274 S. East Ave

15 — File DEC 30 1915 — ROBERT J. KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 28 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1915, to Dec 28 1915, that I saw h~~im~~ alive on Dec 27th, 1915, and that death occurred, on the date stated above, at 3:12 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Adam Graf M. D.

Dec 29, 1915 (Address) 439 S Edmonds

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
1st Evangelical Cem.	Dec. 31st, 1915
20-UNDERTAKER	ADDRESS
L. Zander Sons	1710 Pleasant

Spec.—8-24-14—M. & T.—2000 Blks.

Alex Beam.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90810 × 92 C90810

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alex Beam

(Residence in Baltimore: No. Md General Hospital St.; ..... yrs., ... mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Unknown ....., 1883
(Month) (Day) (Year)

7-AGE, 32 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Labour
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country). West Indies.

PARENTS.

10-NAME OF FATHER. James Beam

11-BIRTHPLACE OF FATHER (State or Country). West Indies

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). West India

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Ind. Evans

(Address) Sparrows Pond

15. DEC 30 1915 ASST. REGISTER
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 29, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28 1915, to Dec 29 1915, that I saw h.im alive on Dec 29 1915, and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows: Acute Dilatation of Heart
Duration 20 min.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ... yrs. ... mos. 6 ds.

(Signed) Frank E Shipley M. D.

Dec 29, 1915. (Address) Md Gen Hospl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Sparrows Point, Md.

19-PLACE OF BURIAL, OR REMOVAL. Mt Ephraim | DATE OF BURIAL. Dec 31, 1915

20-UNDERTAKER Saml R. Chase Inc | ADDRESS 1100 Madison

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90611

CERTIFICATE OF DEATH.

91 C90611

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 McElderry ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. L. Brooks.

(Residence in Baltimore: No. 2204 McElderry St. 46 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January — (Month) (Day), 1869 (Year)

7-AGE, 46 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Brooks

(Address) 2204 McElderry St.

15- FILED DEC 30 1915 ROBERT P. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 24-12-1915, to 29-12-1915, that I saw him alive on 28-12-1915, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia

(b)

(c)

(Duration) about a week, yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. ds.

(Signed) C. Caufield Davis M. D.

Dec 30 1915 (Address) 1133 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery Jan 2, 1916

DATE OF BURIAL,

20-UNDERTAKER Milton Davis

ADDRESS 1608 McElderry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 C90812

Registered No. C

1-PLACE OF DEATH

City of Baltimore (No. St Joseph's Hosp St. 10 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Schwarzenberg

(Residence in Baltimore: No. 934 E Monument St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 25th, 1876
(Month) (Day) (Year)

7-AGE, 39 yrs. 6 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Candy Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Henry Schwarzenberg

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louise Boeckman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lottie Schwarzenberg

(Address) 934 E Monument St.

15- DEC 30 1915 Burial Permit Clerk

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 25th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Suicide) Richard E Murray

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elijah J Carson M. D. (Coroner.)

Dec 29th, 1915 (Address) 615 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 5 Minutes yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 934 E Monument St

Former or usual residence 934 E Monument St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, Dec 31, 1915

20-UNDERTAKER Liston T Russelburgh

ADDRESS 2620 St Paul

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

John J. Donohoo

HEALTH DEPARTMENT—CITY OF BALTIMORE 1614

C90813 C90813

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: No. Mercy Hospital St.; 15 WARD)

REGISTERED No. C

2-FULL NAME John J. Donohoo

Residence in Baltimore: No. 1610 Cushburton St St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept. 10, 1913
(Month) (Day) (Year)

7-AGE, — yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Maryland. Balto

PARENTS.

10-NAME OF FATHER, John J. Donohoo

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Stoner

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy M. Donohoo

(Address) 1610 Cushburton St.

15- DEC 30 1915 1914 ROBERT J. BRADING, Registrar. Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 30, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 13 1915, to Dec 30, 1915, that I saw him alive on Dec. 30 1915, and that death occurred, on the date stated above, at 12:00 M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

about (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) ——— (Duration) yrs. mos. ds.

(Signed) Lawrence Smith M. D.

Dec. 31 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 1610 Cushburton St

Former or usual residence 1610 Cushburton St

19-PLACE OF BURIAL OR REMOVAL. New Cathedral. DATE OF BURIAL, Jan 3, 1916.

20-UNDERTAKER Jos. B. Cook ADDRESS 1003 Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90814

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 90814

CITY OF BALTIMORE (No. 622 Laurens St. St.) 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Buchheimer.

(Residence in Baltimore: No. 622 Laurens St.

St.: 45 yrs. 9 mos. 19 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH March (Month) 10 (Day), 1870 (Year)

7-AGE 45 yrs. 9 mos. 19 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Bar Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER George Buchheimer.

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Mary Buchheimer.

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Lancaster

(Address) 622 Laurens St.

DEC 30 1915 Filed 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec. (Month) 29 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1915, to Dec 29 1915, that I saw h- alive on Dec 29, 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Myocarditis

(Duration) yrs. 1 mos. ds.

(Signed) I Frederick Lentz M. D.

Dec 30, 1915 (Address) 240 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	Jan. 1st. 1916

20-UNDERTAKER Robt S. Little

ADDRESS 531 N. Fremont Ave.

Spec.—5-19-13—M. & T.—500 Bks.

Fred Baker.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90845

CERTIFICATE OF DEATH.

9

C90845

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Nursery & Childwood St.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Baker.

(Residence in Baltimore: No. Nursery and Walbey St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Sept 30, 1913 (Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, ? unknown

11-BIRTHPLACE OF FATHER (State or Country), ? unknown

12-MAIDEN NAME OF MOTHER Louise Baker

13-BIRTHPLACE OF MOTHER (State or Country), ? unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery & Childs Home

(Address)

15- DEC 30 1915 Filed 191 KOSKEI . KRAUTHER, Burial Permit Clerk. Registrar.

9 a. m.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1913, to Dec 30 1915; that I saw h[illegible] alive on Dec 30 1915; and that death occurred, on the date stated above, at 1 30 m.

The CAUSE OF DEATH* was as follows:

Diphtheria
Cellulitis of leg.
Dipt. 1 da. duration
Cellulitis 5 da duration.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. H. Eskew M. D.

Dec 30, 1915. (Address) N.Y.C. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Dec 30, 1915

20-UNDERTAKER Geo J Smith

ADDRESS W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90846

CERTIFICATE OF DEATH.

29 C90846

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 871 Lisbon ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth White

(Residence in Baltimore: No. 1871 Lisbon St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White.

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, September 20th, 1845
(Month) (Day) (Year)

7-AGE, 70 yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James White

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Tolan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Sylvester M.D.

(Address) 701 N. Carrollton Ave

15- Filed DEC. 30 1915 ROBERT J. BRADDEN, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 30th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 20th 1915, to Dec. 30th 1915, that I saw h[illegible] alive on Dec. 30th 1915, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy
Dilatation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis.

(Duration) 4 yrs. mos. ds.

(Signed) Howard Sylvester M. D.

Dec. 30th, 1915. (Address) 701 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, 12-31, 1915.

20-UNDERTAKER Harry Braumuller

ADDRESS 307 N. Schroeder St

N. B.—Every item of information should be carefully supplied. Age and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1617 N. Patterson Park Ave ST.; 8 WARD)

REGISTERED No. C 1720 C90817

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Scheffler

(Residence in Baltimore: No. 1617 N. Patterson Park ave St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec 28th, 1853 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
62 yrs. 11 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Scheffler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Rasmuss

(Address) 1617 N. Patterson Pk Ave

15. Filed DEC 30 1915, 191.. ROBERT . KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Septic infection from bed sores due to neglect (Duration).....yrs.....mos.....ds.

(Signed) Elijah J. Pennell M. D. (Coroner)

Dec 30, 1915 (Address) 15 E. N. Milton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	Dec. 31, 1915

20-UNDERTAKER	ADDRESS
Edw. F. Fanning	1938 Lafayette Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90818

CERTIFICATE OF DEATH.

151 C90818

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Woodall St ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Elsworth Warfield.

(Residence in Baltimore: No. 1433 Woodall St St.; yrs., mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. Dec. 16, 1915. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
...yrs. ...mos. 15 ds.	...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Wm. H. Warfield

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Kathleen Thompson

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Warfield

(Address) 1433 Woodall St

15 DEC 30 1915 Filed ....., 191.... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 29, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 19 1915, to Dec 29 1915, that I saw h- alive on Dec. 29, 1915, and that death occurred, on the date stated above, at [illegible] m. The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ...yrs. ...mos. 15 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Wm. T. Seabury M. D.

12/30, 191.5. (Address) 621 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cemetery	Dec. 30, 191.5

20-UNDERTAKER W. F. & M. A. Fegan

ADDRESS 1422 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90819

HEALTH DEPARTMENT—CITY OF BALTIMORE

19 C90819

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3023 Penna Av ST.; 13 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Seibert

(Residence in Baltimore: No. 3023 Penna. Av. St.; 78 yrs. mos. 29 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, November 29th (Month) (Day), 1837 (Year)

7-AGE, 78 yrs. mos. 29 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Horse dealer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Regina Baylor

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Seibert

(Address) 3023 Penna. Av

15- Filed DEC 30 1915 Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 28 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27 1915, to Dec 28 1915, that I saw h[illegible] alive on Dec 28th 1915, and that death occurred, on the date stated above, at 7.59 a.m.

The CAUSE OF DEATH* was as follows: Very slight case La Grippe with Acute Kidney trouble

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Heart Dis some years

(Duration) yrs. mos. ds.

(Signed) C. C. Smith M. D.

Dec 28, 1915 (Address) 1005 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery DATE OF BURIAL, D.C. 31, 1915

20-UNDERTAKER P. J. & M. S. Flynn ADDRESS 442 Light St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 803 N. Gloss ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Child of Milton & Mary Konopki

(Residence in Baltimore: No. 803 N. Gloss

St.: yrs., mos. 25 minutes ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. (Month) 30 (Day), 1915. (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ...hrs. or 25 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Milton Konopki

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Podkowna

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton Konopki

(Address) 803 N. Gloss St.

15- DEC 31 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 30 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atelectasis Neonatorum

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) W. H. Jones M. D. (Coroner)

Dec. 30 1915 (Address) 3116 Orleans St.,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Kostka

DATE OF BURIAL, Dec. 31, 1915

20-UNDERTAKER Stephen J Fralkowski

ADDRESS 1017 N Kenwood Ave

Spec.—5-19-15—M. & T.—500 Blks.

C90821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 28 C90821

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Guilford Ave. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida R. LaMotte

(Residence in Baltimore: No. 2001 Guilford Ave. St.; 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. January 20, 1864 (Month) (Day) (Year)

7-AGE. 51 yrs. 11 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER. J. Lowry Jonston

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Elizabeth Bell

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Bateman

(Address) 2001 Guilford Ave.

15- Filed DEC 31 1915, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1915, to Dec 29 1915, that I saw h-r alive on Dec 2-5 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary)

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) 8 yrs. mos. ds.

(Signed) Duncan Mac Calman M. D.

Dec 30, 1915 (Address) 1822 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	12 31, 1915.
20-UNDERTAKER Henry W. Meyer & Son	ADDRESS 805 N. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARK'S ART SHOP

Spec.—8-24-14—M. & T.—2000 Bks.

C96822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 C96822

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Boy C Egerton

(Residence in Baltimore: No. 604 N. North Ave St.; 11 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, ... Jan (Month) 18 (Day), 1863 (Year)

7-AGE, 52 yrs. 11 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Egerton

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ellen Wilson

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mercy Hosp

(Address)..... Orchard St

DEC 31 1915

Filed....., 1..... HARRY O. ANDREWS, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 24 1915, to Dec 30 1915, that I saw her alive on Dec 30 1915, and that death occurred, on the date stated above, at 2.50 p.m.

The CAUSE OF DEATH* was as follows:

Hepatic Tertiary

Acute (Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward D. Smith M. D.

Dec 31, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. 11 mos. ..... ds.

Where was disease contracted if not at place of death? 604 N North Ave

Former or usual residence 604 N. North Ave

19-PLACE OF BURIAL OR REMOVAL, David Ridge Cemetery

DATE OF BURIAL, Dec 31....., 1915.

20-UNDERTAKER John B Spinck

ADDRESS 1225 N. Caroline St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2009 Bks.

C30623

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C30623

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1016 Druid Hill ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward V. Stokes Sr

(Residence in Baltimore: No. 1016 Druid Hill ave St.; 57 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown ....., 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Porter
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Hub Co

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jeremiah Stokes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Berry

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward V. Stokes Jr.

(Address) 1016 Druid Hill Av

15- Filed DEC 31 1915 191.... MABEL C. ARNOLD, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 27 1915, to Dec. 28 1915, that I saw him alive on Dec. 28 1915, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1½ ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Jno. H. Tomlinson M. D.

Dec 29, 1915 (Address) 1019 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hill — DATE OF BURIAL, 12/31, 1915

20-UNDERTAKER, Samuel Shewbridge — ADDRESS 578 Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C30621 C30621

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2141 Arlington Ave St.) (..... WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Green

(Residence in Baltimore: No. 219 N Arlington Ave St.; ..... yrs., Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 17 (Day), 1882 (Year)

7-AGE, 33 yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jacob Green

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Boyer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H R Haddock M.D.

(Address) 117 N Carrollton Ave

15- Filed DEC 31 1915, 191.. HARRY O. ANDREWS, Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 28th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26th 1915, to Dec 28th 1915, that I saw her alive on Dec 28th 1915 and that death occurred, on the date stated above, at 11 30 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) H R Haddock M. D.

12-29, 1915. (Address) 117 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Dec 31, 1915

20-UNDERTAKER Willet Brason — ADDRESS 3064 Mount St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C36625 C36625

HEALTH DEPARTMENT—CITY OF BALTIMORE 167

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital, REGISTERED No. C

CITY OF BALTIMORE (No. Linlen ave. & Malison st. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Peterson,

(Residence in Baltimore: No. 564 Oxforl street, St. 4 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, ... Unknown, ... (Month) ..... / ..... (Day) ..... (Year)

7-AGE, 36 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework,
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home,

9-BIRTHPLACE. (State or Country), Frederick, Md.

PARENTS.

10-NAME OF FATHER, Charles Tasker,

11-BIRTHPLACE OF FATHER (State or Country). Frelerick, Md.

12-MAIDEN NAME OF MOTHER Sarah Cox,

13-BIRTHPLACE OF MOTHER (State or Country). Frelerick, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah E. Jones, sister,

(Address) 1322 Etting streat.

15- Filed DEC 31 1915, 191. HARRY O ARLANS, Capital Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... December (Month) ... 28th (Day)., 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock resulting from burns of the third degree caused by dress catching fire at the kitchen stove.

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Campbell (Coroner.) M. D.

Dec. 29th 191. 5 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 36 yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? ..... 564 Oxforl street,

Former or usual residence 564 Oxforl street,

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Dec. 31, 1915

20-UNDERTAKER John H Owen, — ADDRESS 1111 [illegible]

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90026

HEALTH DEPARTMENT—CITY OF BALTIMORE

159 / 90826

C90026

CERTIFICATE OF DEATH.

D

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3113 Pressbury street, ST. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Norris,

(Residence in Baltimore: No. 3113 Pressbury street,

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, December (Month) 30th (Day) 1853. (Year)

7-AGE,	If LESS than 1 day,
61 yrs. 11 mos. 29 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William R. Norris,

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Sarah R. Merriken,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis H. Blamberg, nephew,

(Address) 1708 Tenth street.

15. DEC 31 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Otor's
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 29th (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistolshot wound of head, self-inflicted with suicidal intent,

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Frederick Reusel M. D.
(Coroner.)

Dec. 30, 191.5. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Dec. 31st, 1915.

20-UNDERTAKER, Mr. & Mrs. John H. Penfel

ADDRESS, 801 W. Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90827

C90827.

151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3920 Park Heights St.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Behrend

(Residence in Baltimore: No. 3920 Park Heights St.; ..... yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH. Dec 25, 1914
(Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER Abraham Behrend

11-BIRTHPLACE OF FATHER (State or Country). Balto.

12-MAIDEN NAME OF MOTHER Gertrude Behrend

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B M Behrend

(Address) 2388 W North Ave

15-

Filed DEC 31 1915, 191... HARRY O ADAMS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Dec 31, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1915, to Dec 31 1915, that I saw h— alive on Dec 31 1915, and that death occurred, on the date stated above, at 7 4 m.

The CAUSE OF DEATH* was as follows:

A Congenitally weak infant
Died of exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ost Lilord M. D.

....., 191... (Address) 2...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, Dec. 31., 191.5

20-UNDERTAKER J Athens & Co — ADDRESS 1611 Mad...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90828

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C90828

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 1311 Hollins St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ann Virginia DeGan

(Residence in Baltimore: No. 1311 Hollins St.: 69 yrs. 10 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: February 1, 1846 (Month) (Day) (Year)

7 AGE: 69 yrs. 10 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm H. Leonard

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Denning

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lida Gross

(Address) 1311 Hollins St

15 Filed DEC 31 1915 191 HARRY C. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. 30, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1915, to Dec 30 1915, that I saw her alive on Dec. 29, 1915, and that death occurred, on the date stated above, at 4:20 p.m.
The CAUSE OF DEATH* was as follows:

Chronic Bronchitis (Primary or Secondary)
Senility,
(Duration) 2 yrs. 4 mos. ds

Contributory (SECONDARY) Exhaustion
(Duration) yrs. mos. ds.

(Signed) Maurice E. Shamer M. D.
Dec 30, 1915 (Address) 548 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Jan 1, 1916

20 UNDERTAKER: Chas E. Brandt ADDRESS: 802 Madison Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90829 HEALTH DEPARTMENT--CITY OF BALTIMORE C90829

CERTIFICATE OF DEATH

92

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2126 Division ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Walbert Wade

(Residence in Baltimore: No. acc dpc St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Dec 13 [illegible], 1913
(Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: nothing
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): 2126 Denmont

PARENTS

10 NAME OF FATHER: Wilson Bailey

11 BIRTHPLACE OF FATHER (State or country): Cecil md.

12 MAIDEN NAME OF MOTHER: Rebecca Wade

13 BIRTHPLACE OF MOTHER (State or country): Cecil Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
per E. Wright
(Informant) Amelia F. Wade
(Address) 2126 Division St

15. DEC 31 1915
Filed ....., 191 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 30, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 191[illegible], to Dec 30 1915
that I saw h[illegible] alive on Dec 30, 1915
and that death occurred, on the date stated above, at 8:30 m.
The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J A Mellung M. D.
Dec 31 1915 (Address) 1303 N Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Dec 31st 1915

20 UNDERTAKER: Felix B. Lafe — ADDRESS: 102 E Mulberry St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90830

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90830

CERTIFICATE OF DEATH.

136

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta H. Moore

(Residence in Baltimore: No. Guilford apartments St.; 35 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, ? (Month) ..... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
35 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (Balto City)

PARENTS.

10-NAME OF FATHER, — Hueson

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Glenn (Mrs)

(Address) 1414.

15- DEC 31 1915 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1915, to Dec 30 1915, that I saw h[illegible] alive on Dec 30 1915, and that death occurred, on the date stated above, at 5.57 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured uterus (Incomplete)

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) General peritonitis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) John Glennon M. D.

Dec 31 1915 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 5 ds. In the State 35 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Guilford Apartments

19-PLACE OF BURIAL, OR REMOVAL, Druid Cemetery | DATE OF BURIAL, Jan 3, 1916

20-UNDERTAKER Chas H Bailey | ADDRESS Jefferson Rd

C90631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C90631

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 218 Albemarle ST. 3 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Robuto

(Residence in Baltimore: No. 218 Albemarle St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Not Known (Month) (Day), 1 (Year)

7-AGE, about 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer). Operated on Pants at Home

9-BIRTHPLACE, (State or Country). Italy

PARENTS.

10-NAME OF FATHER, Antonii Procuto

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antonii Robuto

(Address) 218 Albemarle St.

15- DEC 31 1915 HARRY O. ANDREWS, Filed ....., 191 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 29th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. W. Jones M. D. (Coroner.)

Dec 31, 1916. (Address) 1116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
West Fairview Cemetery	Dec 31, 1915
20-UNDERTAKER	ADDRESS
Merrill Chapple Son	721 Lan St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90832

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90832

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 209 N Monford Ave St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian Mohr

(Residence in Baltimore: No. 209 N Monford Ave St.; 66 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dec 22, 1835 (Month) (Day) (Year)

7-AGE, 80 yrs. — mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigarmaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr J H Mohr

(Address) 104 N Monford Ave

15- DEC 31 1915 BARRY O ANDREWS, 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 191 , to Dec 29 191 5; that I saw h[illegible] alive on Dec 29 191 5; and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 14 ds.

(Signed) Edward Cook M. D.

12/31, 1915. (Address) 423 Belair Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Matthai Cem DATE OF BURIAL, Jan 1, 1916

20-UNDERTAKER Peter Nicolaus ADDRESS 2046 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90533 C90533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 666 N Saratoga St.; 4 WARD) REGISTERED No. C 79

2-FULL NAME Anna Mary Helldebrand

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 666 N Saratoga St.; 69 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female 4-COLOR OR RACE White 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH Oct 7, 1846 (Month) (Day) (Year)

7-AGE, 69 yrs. 2 mos. 24 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Thos Stilling

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Hotse Ler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Helldebrand

(Address) 666 N. Saratoga St.

15- Filed DEC. 31 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1915, to Dec 31 1915, that I saw h alive on Dec 30 1915, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart Nephritis

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. da.

(Signed) W. F. Norris M. D.

Dec 31, 191... (Address) 937 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemt DATE OF BURIAL, Jan 3rd 1916.

20-UNDERTAKER William Doyle ADDRESS 723 W Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90634 HEALTH DEPARTMENT—CITY OF BALTIMORE C90634

CERTIFICATE OF DEATH. 79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 Leadenhall St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Egerton (Egerton)

(Residence in Baltimore: No. 1026 Leadenhall St.; 7 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, unknown, 1882
(Month) (Day) (Year)

7-AGE, 33 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Dick Egerton.

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Millie Egerton

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dick Egerton

(Address) Louisburg N.C.

15-

Filed DEC 31 1915 191 HARRY O. ANDREWS, Asst. Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1915, to Dec 29 1915, that I saw h alive on Dec 28 1915, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Since my Last Visit 11/23/15
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ex Laceration

(Duration) yrs. mos. 1 ds.

(Signed) J. C. Ferguson M. D.

12/29, 1915 (Address) Louisburg N.C.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Louisburg N.C.	Dec 31, 1915
20-UNDERTAKER Geo H Hodges	ADDRESS 609 Lit Brow

C90c35

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C90c35

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Castle ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Holada

(Residence in Baltimore: No. 809 N. Castle St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 69 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Bohemia

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Holada

(Address) 809 N. Castle St

15- Filed DEC 31 1915 HARRY O. ANDREWS, Special Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 30th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1915 to, Dec 30 1915, that I saw h[illegible] alive on Dec 30 1915, and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs mos. 6 ds.

Contributory (SECONDARY): Cardiac Dilatation

(Duration) yrs mos. 2 ds.

(Signed) W. H. Goaner M. D.

Dec 31 1915 [Address] 2008 Eastland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Hill Cemetery

DATE OF BURIAL: Jan 1 1916

20-UNDERTAKER: Wm. J. Hartley

ADDRESS: 2012 E. Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C90636

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 661 W Mulberry ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noah Chase

(Residence in Baltimore: No. 661 W. Mulberry St.; 38 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 15, 1877
(Month) (Day) (Year)

7-AGE, 38 yrs. 7 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Cafe

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard Chase

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Hannah Woods

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Noah Chase

(Address) 661 W. Mulberry St

15-

Filed DEC 31 1915 191.. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11th 1915, to Dec 30th 1915, that I saw h[illegible] alive on Dec 28th 1915, and that death occurred, on the date stated above, at 2.50 a m.

The CAUSE OF DEATH* was as follows:

(a) Acute Pneumonia

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 2 yrs. mos. Postmortem ds.

(Signed) E H Nicole M. D.

Dec 30th, 1915. (Address) 407 N Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Laurel Cemetery Dec 31 1915

20-UNDERTAKER J. G. Brooks ADDRESS Fulton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-15-13—M. & T.—500 Bks.

C90637

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90637

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 W. Lexington ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Concannon 5/3 mo

(Residence in Baltimore: No. 729 W. Lexington St.: yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Dec 21, 1915
(Month) (Day) (Year)

7-AGE, no yrs. no mos. no da.

If LESS than 1 day. no hrs. or 13 min?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Bernard Concannon

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Minnie Wills

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Wills

(Address) 729 W. Lexington St.

15-DEC 31 1915 HEALTH OFFICER,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 21, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21 1915, to Dec 21 191, that I saw h[illegible] alive on Dec 21 191, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Premature Birth 5/3 mo

(Duration) no yrs. no mos. no da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Raymond V. Hemm M. D.

Dec 31, 1915. (Address) Mt Vernon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, Dec 23, 1915.

20-UNDERTAKER P. Bernard Concannon

ADDRESS 729 W Lexington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90638 C90638

CERTIFICATE OF DEATH.

REGISTERED No. C 90838

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 St. Elizabeth Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. E. Willis

(Residence in Baltimore: No. 1 St. Paul St. St.; 1 yrs. 8 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 1, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Carroll Co Md

PARENTS.

10-NAME OF FATHER, 2

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Irene Willis

13-BIRTHPLACE OF MOTHER (State or Country). Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Matron Installed

(Address) St Elizabeth Home

15- DEC 31 1915 Filed....., 19.. Registrar. HARRY O ANDREWS

Burial Permit 0.1.4.4.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1915, to Dec 29 1915, that I saw h.m alive on Dec 28 1915, and that death occurred, on the date stated above, at a. m.

The CAUSE OF DEATH* was as follows:

Measles 10 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. ds.

(Signed) C. F. Kretschmar M. D.

Dec 29, 1915 (Address) 1.6.6 Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 10 ds. In the State 1 yrs. 8 mos. 28 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	DEC 31 1915, 191...
20-UNDERTAKER Commissioner Health	ADDRESS Cremated.

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-15—M. & T.—500 Blks.

C90839

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90839

CERTIFICATE OF DEATH.

REGISTERED NO. C 42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 N. Lemmon ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Mulcahy

(Residence in Baltimore: No. 232 N Lemmon St.; 40 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH. October 15, 1871 (Month) (Day) (Year)

7-AGE. 44 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Pittsburg Pa

PARENTS.

10-NAME OF FATHER. George Bosz

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Mary Fredendall

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Edward Mulcahy

(Address). 232 N. Lemmon

15- DEC 31 1915 HARRY O ANDREWS, Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1914, to Dec 30 1915, that I saw h Ex alive on Dec 29 1915, and that death occurred, on the date stated above, at 6.40 A m.

The CAUSE OF DEATH* was as follows:

Operation Dec 7-1914

Carcinoma of Uterus and Rectum

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pernicious anaemia

(Duration) 0 yrs. 1 mos. ds.

(Signed) Edward J. Mook M. D.

1731 W., 1915. (Address) 413 N. Dooshing

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer

DATE OF BURIAL. Jan 1, 191 6

20-UNDERTAKER Jos. J. Kerr

ADDRESS 1914 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90840

C90840

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S. Garrison Lane ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry T. Frey

(Residence in Baltimore: No. 318 S. Garrison Lane St.; 58 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 27, (Month) (Day) 1857 (Year)

7-AGE, 58 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sexton
(b) General nature of industry, business, or establishment in which employed (or employer): Church

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, George Frey

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Koppelmann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alberta Frey

(Address) 318 S. Garrison Lane

15- Filed DEC 31 1915, 1915 W. H. Heuclar Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Dec 29 1915, that I saw h[im] alive on Dec 29 1915, and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Heart Disease

Influenza

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. Ely Welch M. D.

12-30, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore. DATE OF BURIAL, Jan 1, 1916

20-UNDERTAKER Wm Cook. ADDRESS 502 E North Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90841

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William McCord

(Residence in Baltimore: No. 903 S. Streeper St St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day), 1887 (Year)

7-AGE, 28 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Can Factory
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm McCord

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Emma West

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-

Filed ....., 191.. Blue M Sweeden Registrar.

DEC 31 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 9 1915, to December 30 1915, that I saw him alive on December 30 1915, and that death occurred, on the date stated above, at 12 5 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Aortic Stenosis, Aortic Insufficiency, Mitral Stenosis, Mitral Insufficiency

(Duration) 10 yrs. mos. ds.

(Signed) E. W. Brickman M. D.

Dec 30, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 903 S. Streeper St

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Jan 7, 1915

20-UNDERTAKER Wm Cook

ADDRESS Work Yard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90842 C90842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Madison Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah M. Ames

(Residence in Baltimore: No. 902 Madison Ave St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June 14 (Month) (Day), 1845 (Year)

7-AGE, 70 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tobacco Store
(b) General nature of industry, business, or establishment in which employed (or employer): Prop.

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER, Levin Ames.

11-BIRTHPLACE OF FATHER (State or Country) Va

12-MAIDEN NAME OF MOTHER Margaret Bellinger

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. V. B. Ames.

(Address) 922 Madison Ave

15-

Filed....., 191.. DEC 31 1915 .....Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17 1915, to Dec 29 1915, that I saw him alive on Dec 12 1915, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John S. Bishop M. D.

Dec 30 1915. (Address) 828 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Keller Station Accomac Co Va — DATE OF BURIAL, Jan 1...., 1916.

20-UNDERTAKER Wm Cook — ADDRESS 502 E Hall

C/o Dr. V. B. Ames. Via R R K.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90643 C90813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1424 E Baltimore ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen W. Brault

(Residence in Baltimore: No. 1424 E Baltimor St.: yrs., 50 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec (Month) 1st (Day), 1865 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. 0 mos. 29 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William H. Brault

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Augusta Brenning

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Minnie Albright

(Address) 1342 Aisquith st

15- Filed JAN 1 1916, 191.. ROBERT J. KRAUSE, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 30th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to Jus death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Suicide Hanging

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Edgar A. Poe M. D. (Coroner)

Dec 30 1915 (Address) U. S. N. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Jan 2nd 1916
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90844 C90843

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 718 St. Paul WARD 10)
2-FULL NAME Joseph F. Kirby
(Residence in Baltimore: No. 718 Greenmount Ave St.; yrs. mos. ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male
4-COLOR OR RACE, white
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 31, 1915.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.
If LESS than 1 day, 1 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None 000
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Elias James Kirby
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER Lillian Stark
13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Thomas F. Gahin
(Address) Mercy Hospital

15- FILED JAN - 1 1916 ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 31, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1915, to Dec. 31 1915, that I saw him alive on Dec 31 1915, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:
Asphyxia Mentstorum
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary)
..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Edward A. Smith M. D.
Dec 31, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem
DATE OF BURIAL, Jan 1, 1916

20-UNDERTAKER Wm Cook
ADDRESS 502 E Monu

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Dashiell)

HEALTH DEPARTMENT---CITY OF BALTIMORE

C90845 C90845

CERTIFICATE OF DEATH

10

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2210 Allendale Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Holbrook Dashiell

(Residence in Baltimore: No. 2210 Allendale Ave St.; 77 yrs. 10 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: ~~Female~~

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Feb 11, 1838 (Month) (Day) (Year)

7-AGE: 77 yrs. 10 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: John Dorsey Dashiell

11-BIRTHPLACE OF FATHER (State or country): Maine

12-MAIDEN NAME OF MOTHER: Jane L Langdon

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John N Dashiell

(Address) 815 N. Calvert St

15- Filed JAN - 1 1916 ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23, 1915, to, Dec 30 1915, that I saw h[illegible] alive on Dec 30 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

La grippe (Influenza)

(Duration) yrs mos 1 ds

Contributory (SECONDARY) Cardiac Asthenia

(Duration) yrs mos 1 ds

(Signed) Henry C Stuck M D

Dec 31 1915 [Address] 1727 N Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: 1-1, 1916

20-UNDERTAKER: Henry W Jenkins Sons

ADDRESS: Mt Pleasant & Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90846 C90846

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH 627 E. 34th St. REGISTERED No. C.....

CITY OF BALTIMORE: (No. 9 ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Raborg Redgrave

(Residence in Baltimore: No. 627 E. 34th St. 11 St.; 80 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 27, 1835
(Month) (Day) (Year)

7-AGE, 80 yrs. 1 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None. 000
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Goddard Raborg

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Ann Hynes or Livsay

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward L. Raborg

(Address) Hotel Belmont

15- Filed JAN 1 1916 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 26th 1915, to Dec. 30th 1915, that I saw h[er] alive on Dec. 29th 1915, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

I.

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY. Exhaustion Syncope
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William J. Gillespie M. D.

Dec. 30th, 1915 (Address) 2521 Pittsburgh

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Jany 1st, 1916

20-UNDERTAKER Henry H. Jenkins Sons Co

ADDRESS Orchard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90547 120 C90547

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 N. Stricker ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Wm. Pulschen

(Residence in Baltimore: No. 1113 Stricker St.; 16 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~, (Write the word.) Widower

6-DATE OF BIRTH, June (Month) 23 (Day), 1833 (Year)

7-AGE, 82 yrs. 6 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Soldier 1st
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Schoman

(Address) 1113 Stricker

15-

Filed JAN 1 1916 191... ROBERT F. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1911, to Dec. 27 1915, that I saw him alive on Dec. 27 1915, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank E. Wagner M. D.

Dec. 30, 1915 (Address) 1006 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Rochelle N.Y. DATE OF BURIAL, Jan 1, 1916

20-UNDERTAKER Mrs. G. Rohde & Son ADDRESS 730 Pennsylvania

C90848

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

6

C90848

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No 321 N. Parrish St.) 19 WARD;

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Trueman Westley Dellman

(Residence in Baltimore: No. 321 N. Parrish St.; Yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write this word): Single

6-DATE OF BIRTH: Oct. (Month) 15 (Day) 1907 (Year)

7-AGE: 8 yrs. 2 mos. 15 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): 2511 Penna. Ave. City.

PARENTS

10-NAME OF FATHER: Jno. Westley Dellman

11-BIRTHPLACE OF FATHER (State or country): Carroll Co. Md.

12-MAIDEN NAME OF MOTHER: Cora Poblitz

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno. W. Dellman

(Address) 321 N. Parrish St

15- Filed JAN - 1 1916 .191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: DEC. (Month) 30 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27 - ,1915, to, Dec 30 1915, that I saw him alive on Dec. 29 - 1915, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Infantile Paralysis

(Duration) 8 yrs mos. ds.

Contributory (SECONDARY) Measles about (Duration) yrs mos. 5 ds.

(Signed) C. L. Nuckols, M D

Dec. 30, 1915 [Address] 333 N. Calvert St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodbine Md DATE OF BURIAL: JAN - 1 1916

20-UNDERTAKER: Geo. A. Gerber ADDRESS: Balto & Payson Sts

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90849

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C90849

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1803 N. Mount St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton B. Decker.

(Residence in Baltimore: No. 1803 N. Mount St.; 40 yrs. (mos. (ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: October (Month) 3 (Day), 1858 (Year)

7-AGE: 57 yrs. 2 mos. 28 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: United States
(b) General nature of industry, business, or establishment in which employed (or employer): Gauger 721

9-BIRTHPLACE (State or country): York Pa

PARENTS

10-NAME OF FATHER: Samuel Decker

11-BIRTHPLACE OF FATHER (State or country): York Pa

12-MAIDEN NAME OF MOTHER: Margaret A. Showers

13-BIRTHPLACE OF MOTHER (State or country): York Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) MARGERT B. DECKER

(Address) 1803 N Mount St

15- JAN - 1 1916 Filed ....., 191.....

KINYRT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 31 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1915, to, Dec 31 1915, that I saw h-im alive on Dec 25, 1915, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) 1 yrs mos ds

Contributory (SECONDARY) Acute Duodenal Ulceration

30 min's (Duration) yrs mos. ds

(Signed), Franklin De Ent M. D.

Dec 31, 1915 [Address] 735 W Baltimore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: Jan 3, 1916

20-UNDERTAKER: Robt S. Little — ADDRESS: 531 N Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C30650 HEALTH DEPARTMENT--CITY OF BALTIMORE C30650

CERTIFICATE OF DEATH

79

1-PLACE OF DEATH

REGISTERED No. C

8

CITY OF BALTIMORE (No. 506 N. Gilmor — ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Mrs Laughlin

(Residence in Baltimore: No. 506 N. Gilmor St. — yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec. 30th, 1848 (Month) (Day) (Year)

7-AGE: 67 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Johnson Carter

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: do not know

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Bessie Todd

(Address) Easton Md

JAN - 1 1916 Filed ..., 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 30th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26th, 1915, to Dec. 30th, 1915, that I saw her alive on Dec. 30th, 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis and Mitral Insufficiency

(Duration) 2 yrs. ... mos. ... ds

Contributory (SECONDARY) Asthenia Heart Failure (Duration) ... yrs. 1 mos. 4 ds.

(Signed) Jno Wm Gombel M. D.

Dec 31, 1915 (Address) 1704 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Wood Lawn Cemetery

DATE OF BURIAL: Jan 2, 1916

20-UNDERTAKER: C. F. McCormick

ADDRESS: 1931 West Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 708 N. Spring ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lafayette Stevenson

(Residence in Baltimore: No. 708 N. Spring St.; 4 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Sept. 9, 1881 (Month) (Day) (Year)

7-AGE: 34 yrs. 3 mos. 19 ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Va.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Stevenson

(Address) 708 N. Spring St.

15- Filed JAN - 1 1916 HARRY O. ARENDS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 25 1915, to Dec. 28 1915, that I saw him alive on Dec. 28 1915, and that death occurred, on the date stated above, at 3 9, m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 3 ds.

(Signed) J. C. K. Bunson M. D.

12/28/15 (Address) 611 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL, Jan 1, 1916

20-UNDERTAKER: Samuel F. Kemsley — ADDRESS 578 W. Balto

Burial Permit Issued

C90652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

C90652

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) University Md. Hosp. ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E Knox

(Residence in Baltimore: No. 1049 Brantly Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 17, 1890
(Month) (Day) (Year)

7-AGE, 25 yrs. 11 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer). (Railroad)

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, George Knox

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Martha Adelsberger

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Knox

(Address) 1049 Brantly Ave

15-
Filed JAN - 1 1916, 191.. [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock + Hemorrhage
(Crushed leg + pelvis)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Caught between two freight cars

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

Dec 30, 191.. (Address) 242 W Mt Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Pikesville Md

DATE OF BURIAL, Jan 3, 1916

20-UNDERTAKER J P Block

ADDRESS 1003 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90553

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90653

CERTIFICATE OF DEATH.

93

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1606 W. Lanvale St.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Katherine Sturtt

Residence in Baltimore: No. 1606 W. Lanvale st St.; 71 yrs., 2 mos. 1 ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (If the word.) Widow

6-DATE OF BIRTH, Oct. 28th, 1844 (Month) (Day) (Year)

7-AGE 71 yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Room Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, David Seymour

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Phoebe Beebee

13-BIRTHPLACE OF MOTHER (State or Country) Connetticut.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Carrie V. Ketter

(Address) 1606 W Lanvale St.

15- Filed JAN - 1 1916, 191.... HARRY O. ANDREWS, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 29th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 22 1915 to Dec 29 1915, that I saw her alive on Dec. 29 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pleurisy with Effusion

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. 7 ds.

(Signed) Geo. W. Slater M.D.

Dec 30, 1915. (Address) 1621 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem.

DATE OF BURIAL, Jan 1, 1916

20-UNDERTAKER, Jos B Cook

ADDRESS 1603 Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C90654

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Wolman

(Residence in Baltimore: No. 107 Johnson Place St.; ..... yrs., ... mos. ..... ds.)

A

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec (Month) 30 (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 21 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Abraham Wolman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rena Lupatkin

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Memorey Jr M.D.

(Address) .....

15- JAN - 1 1916 HARRY O. ALLEN,
Filed ..... 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 31 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 30 1915, to Dec 31 191 5', that I saw h Lm alive on Dec 31 191 5', and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Congenital pulmonary Atelectasis

(Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) Congenital Debility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John G. Memorey Jr M. D.

Dec 31, 191 5 (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. 1 mos.

Where was disease contracted, if not at place of death? Johns Hopkins Hospital

Former or usual residence Johns Hopkins Hospital

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Workmen circle Mt Carmel	Jan 3, 1916

20-UNDERTAKER	ADDRESS
Jack Levin	1417 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C90655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C90655

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1612 Madison Ave ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel G. Kirstenitz

(Residence in Baltimore: No. 1612 Madison Ave St.; 76 yrs. 7 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	married

6-DATE OF BIRTH, March 8, 1839
(Month) (Day) (Year)

7-AGE, 76 yrs. 9 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: retired 655
(b) General nature of industry, business, or establishment in which employed (or employer): merchant

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Charles N.

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Block

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ruth Weis

(Address) 1612 Madison Ave

15-
Filed JAN - 1 1916, 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1915, to December 1915, that I saw h-m alive on December 30 1915, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Atelectasis of Lung

(Duration) yrs. mos. 4 ds.

(Signed) A. H. A. Mayer M. D.

XII: 31, 1915. (Address) 2756 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Sinai Cem. DATE OF BURIAL, 1/7, 1916

20-UNDERTAKER J. A. Bruns Co. ADDRESS 1611 Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C90656

C90656

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 S. Mount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Joseph Stienemann

(Residence in Baltimore: No. 205 S. Mount St St.; 50 yrs. ~~5~~ mos. ~~5~~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. March 11 Hs, 1854
(Month) (Day) (Year)

7-AGE. 61 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist 311
(b) General nature of industry, business, or establishment in which employed (or employer)..... B & O R R Co

9-BIRTHPLACE, (State or Country), Boston Mass

PARENTS.

10-NAME OF FATHER. Frank Stienemann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Thresa Winter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leo Stienemann

(Address) 233 N Gilmor St.

15-

Filed JAN - 1 1916 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1915, to Dec 31 1915, that I saw him alive on Dec 30 1915, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Clinical diagnosis and
Carcinoma of X Ray
Exophagus
(Duration) 0 yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Auto Intoxication

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) E. C. Coolahan M. D.

Dec 31, 1915. (Address) 74 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Jan. 3, 1916.

20-UNDERTAKER Knell & Son ADDRESS 729 W Pratt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90857 C90857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 700 Harford Ave ST. 10 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Simpson

(Residence in Baltimore: No. 700 Harford Ave St.; yrs., — mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 52 58 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Domestic 877
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Un Known

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hetchen

(Address) 700 Harford Ave

15- Filed JAN - 1 1916, 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec ..... 29th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene L. Knapp M. D.
(Coroner.)

Dec 29th, 1915. (Address) 15 E. Fallsway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Jan 1st 1916
20-UNDERTAKER	ADDRESS
Robert A Elliott	504 Roger Ave

C30658 C30658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2331 N. Carlton ST., 18 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Percy Hunson

(Residence in Baltimore: No. 2331 N. Carlton St. yrs., — mos., — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: March 23rd, 1894 (Month) (Day) (Year)

7-AGE: 21 yrs. 9 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 2-3
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Joe Hickerotem

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Stella Simson

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stella Simson

(Address) 233 N. Carlton St.

15 JAN - 1 1916 Filed....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 28th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Saml Hunter M. D.

(Corner.)

Dec 28th, 1915. (Address) 2302 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Jan 2, 1916

20-UNDERTAKER Harden & Jones

ADDRESS

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C 90559 (103)

CITY OF BALTIMORE (No. 717 Edmondson Ave St.) 17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Julia A. Ermold

(Residence in Baltimore: No. 717 Edmondson Ave St.; 35 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: March 12, 1869 (Month) (Day) (Year)

7 AGE: 56 yrs. 9 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Harford Co. Md

PARENTS

10 NAME OF FATHER: George Goss

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John N. C. Ermold

(Address) 717 Edmondson Ave

JAN - 1 1916 Filed, 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10 A m Dec 30 1915 to 6 P m Dec 30 1915, that I saw her alive on Dec. 30 10 A m 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute indigestion followed after relief by Cardiac Syncope and Paralysis (Duration) yrs. mos. ds

Contributory (SECONDARY) see above (Duration) yrs. mos. ds.

(Signed) Dr. R. W. Mifflin M. D.

Dec 31, 1915 (Address) 1016 Mad. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: Jan 2, 1916

20 UNDERTAKER: Mrs Wm Jno N Teufel — ADDRESS: 501 N Fayette St

C90c60 (C90c60)

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1 ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolphe Kerchner

(Residence in Baltimore: No. Biddle & Valley Sts 6 Dyrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE White

5-~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word) Widower

6-DATE OF BIRTH June (Month) 1st (Day) 1837 (Year)

7-AGE 78 yrs. 6 mos. 30 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work ..... None ooo
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Ft Pleka Pa

PARENTS

10-NAME OF FATHER Michael Kerchner

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Mary Hubbek

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed JAN 1 1916, 191.. CLERK OF ORPHANS' Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec. 31st (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191.., to ..... 191...., that I saw h.. alive on Dec 30 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

1 week (Duration) yrs. mos. ds.

Contributory (SECONDARY) Coma 1

..... (Duration) yrs. mos. ds.

(Signed) L. A. Barnes M. D.

Jan 1 191.. [Address] 1127 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 4 yrs. 9 mos ds. In the State 60 yrs mos ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence J. N. Hanover & Lee Sts

19-PLACE OF BURIAL OR REMOVAL St Alphonsus Cemetery

DATE OF BURIAL Jan 3rd 1916

20-UNDERTAKER Henry [illegible] Ley

ADDRESS 130 E Baltimore

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

REGISTERED No. C 90861

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) St Josephs Hosp. ST.: 8 WARD:

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Meyer

(Residence in Baltimore: No. 1722 Regester St. St.: 63 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, (Month) Nov (Day) 1 (Year)

7-AGE. 63 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER, Henry Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Rottaus

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary M Meyer

(Address) 1102 E Lanvale St

15- JAN - 1 1916 HARRY O. ANDREWS,

Filed ....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1915, to Dec 31 1915, that I saw h[illegible] alive on Dec 31 1915, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

1st Pulmonia

(Duration) 6 days

CONTRIBUTORY (Secondary) Diabetis Mellitus

(Duration) 6 yrs. 6 mos. da.

(Signed) Edmund Mc G Kierce M. D.

Dec 31, 1915. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 da. In the State 6 yrs. 2 mos. da.

Where was disease contracted, if not at place of death? 1722 Regester St

Former or usual residence 1722 Regester St.

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL, Jan 3, 191..

20-UNDERTAKER: Henry Hoeck Son

ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2534 Salem ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Jacob Sauerwald

(Residence in Baltimore: No. 2534 Salem St.; Lafayette Ave. near Fremont)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH. June (Month) 27th (Day), 1856 (Year)

7-AGE. 59 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Fish dealer655
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto.

PARENTS.

10-NAME OF FATHER. Jacob Sauerwald

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Lena Strauss

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Sauerwald

(Address) 2534 Salem Ave

15- JAN 2 - 1916 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. (Month) 31st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1915, to Dec 31st 1915, that I saw h[illegible] alive on Dec 31st 1915, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

about 2 yrs
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Coma

4 05
(Duration) ....yrs. ....mos. ....ds.

(Signed) E A Emrich M. D.

Dec 31, 1915. (Address) 1605 N North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. London Park Cem

DATE OF BURIAL. JAN 3 - 1916

20-UNDERTAKER Geo A Gerber

ADDRESS Gilb & Pacon

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

690863

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

REGISTERED No. C 90863

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2806 Frederick Ave St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James M. Wilson

(Residence in Baltimore: No. 2806 Frederick Ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED WIDOWED ~~DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: May 26, 1838 (Month) (Day) (Year)

7 AGE: 77 yrs. 7 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired 785
(b) General nature of industry, business, or establishment in which employed (or employer): Organizer Fraternal

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: James B. Wilson

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Ann Arlett

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Wilson

(Address) 2806 Frederick ave

15 JAN 2 - 1916 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 1 st, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1915 to Jan 1 1916, that I saw him alive on Jan 1, 1916, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) Unknown

Contributory (SECONDARY) Uremic Coma

(Duration) yrs. mos. 1 ds.

(Signed) W. Mitchell M. D.

1-1-, 1916 (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Jan 4, 1916

20 UNDERTAKER: Albert E. Fuller — ADDRESS: 2211 B'dway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90664 C90664

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C 120

CITY OF BALTIMORE: (No. 1029 E. Madison ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion LeTournau [LETOURNAU]

(Residence in Baltimore: No. 1029 E. Madison St.; 20 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, July 13, 1857
(Month) (Day) (Year)

7-AGE, 58 yrs. 10 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist 655
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry W Letournau

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marion M. LeTournau

(Address) 1029 E. Madison

15- JAN 2 - 1916, 191... HARRY O. ARLNEWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 1, 1915, to Jan 2, 1916, that I saw h[illegible] alive on Dec 28, 1915, and that death occurred, on the date stated above, at 3 30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Epilepsy

(Duration) yrs. mos. 7 ds.

(Signed) P. E. Lilly M. D.

Jan 2, 1916 (Address) 1101 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
New Cathedral Cem	Jan 4, 1916

20-UNDERTAKER	ADDRESS
William Cook	502 E North

C90865 C90865

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH U. D. Marine Hosp. 170 REGISTERED NO. C

CITY OF BALTIMORE: (No U. D. Marine Hosp. 723 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. W. Metzdroff

(Residence in Baltimore: No. 41 E. Heath St. St.; 48 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH March (Month) 1 (Day) (Year)

7-AGE About 48 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) 727

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER Not known

11-BIRTHPLACE OF FATHER (State or country) Not Known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or country) Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hospital Record.

(Address)

15- Filed JAN 2 - 1916, 191 HARRY O ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27, 1915 to Jan. 1 1916, that I saw h[im] alive on Jan 1 1916, and that death occurred, on the date stated above, at 7.50 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Brights disease (Interstitial Nephritis)

(Duration) — yrs — mos. 5 ds.

Contributory (SECONDARY) Uremia

(Duration) — yrs — mos. 2 ds.

(Signed), J. L. DeSausure M. D.

Jan 1, 1916 [Address] U.S.P.H.S.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death — yrs — mos 4 ds. In the State — yrs — mos — ds.

Where was disease contracted, if not at place of death? Unknown.

Former or usual residence 41 E. Heath St.

19-PLACE OF BURIAL OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Jan 3 — 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90566

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90566

CERTIFICATE OF DEATH.

15

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1048 Wilcox St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Scott

Residence in Baltimore: No. 1048 Wilcox St.; ....yrs., ...mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 1, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ...hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)..... do

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry Edw Scott

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ellen May Parks

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry E Scott

(Address) 102 S Wilcox St

15- JAN 2 1916 101 HARRY O. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 1 1916, that I saw h... alive on Jan 1 1916, and that death occurred, on the date stated above, at 3:00 p.m.

The CAUSE OF DEATH* was as follows:

Compression of L. Bron.
Wasting Atrophy

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) H Brunell MD M. D.

Jan 2, 1916 (Address) 230 Hartford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Gordon Park — DATE OF BURIAL, Jan 2, 1916

20-UNDERTAKER H C Wisdefeld — ADDRESS 904 Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Dr Wells 810 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90857 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Baker ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Leitz

(Residence in Baltimore: No. 1506 Baker St.; 40 yrs. — mos. — ds.)

Name of subscriber Florence Leitz

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Dec 31, 1847 (Month) (Day) (Year)

7-AGE, 69 yrs. mon. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Home Wife

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence V. Leitz

(Address) 1506 Baker Street

15-

Filed JAN. 2 1916 HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1, 1916. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31 1915, to Jan 1 1916, that I saw h[illegible] alive on Dec 31 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Grippe

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Arteria-sclerosis

(Duration) yrs. — mos. — ds.

(Signed) Wm Cook Wells M. D.

1-2, 1916 (Address) 810 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Jan 4, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90868 C90868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 Argyle Ave. ST.; 14 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Virginia Wright

(Residence in Baltimore: No. 1543 Argyle Ave St.; 72 yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widowed

6-DATE OF BIRTH, June 1st, 1850 (Month) (Day) (Year)

7-AGE, 65 yrs. 6 mos. 30 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home 000
(b) General nature of industry, business, or establishment in which employed (or employer): Museum

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Wright

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Savannah Gore

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary Wright

(Address) 1543 Argyle Ave

15-Filed JAN 2 - 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 31st, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 22 1915, to Dec. 31st 1915, that I saw her alive on Dec 30th 1915, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(Duration) 1 yrs. ... mos. ... ds.

(Signed) Paul Brown M. D.

Dec. 31st 1915 (Address) 1837 Penna ave,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Stone Chapel Cemetery — DATE OF BURIAL, Jan 3rd, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E. North ave

C90869

HEALTH DEPARTMENT—CITY OF BALTIMORE

134

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Maryland General Hospital, Linden ave.& Madison st. St.) 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Winler,

(Residence in Baltimore: No. 1021 Ashland avenue, St.) yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Married,

6-DATE OF BIRTH. September (Month) 24th, (Day) 1891. (Year)

7-AGE.	If LESS than 1 day,
24 yrs. 3 mos. 5 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housemaid, 877
(b) General nature of industry, business, or establishment in which employed (or employer)..... private family,

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, William F. Bush,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Martha Perkins,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bush, Brother

(Address) 1021 Ashland avenue.

15- Filed JAN 2 - 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 29th, (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septichaemia- following self-induced abortion,

(Duration)....yrs....mos...7...ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) J. Frederick Kempel (Coroner.) M. D.

Jan. 2nd, 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos...8..ds. In the State 14 yrs. 3 mos. 5 ds.

Where was disease contracted, if not at place of death?

1009 N. Front street,

Former or usual residence 1009 N. Front street

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery, DATE OF BURIAL, Jan. 4, 1916.

20-UNDERTAKER Charles B. Jones ADDRESS 18 W. Saratoga St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90570 40 C90570

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2581 W. Lombard ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernst Scheller

(Residence in Baltimore: No. 2581 W. Lombard St.: 78 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH October (Month) 4 (Day) 1836 (Year)

7-AGE, 79 yrs. 2 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Grocer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, (?) Scheller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernst Scheller Jr

(Address) 2581 W Lombard St

15- JAN 2 - 1916 (Date of Filing) MARY O. ANDREWS, 1916 Burial Permit Clerk. (Registrar.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 30 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1915, to Dec. 1915, that I saw him alive on Dec. 30 1915, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

Cancer of Pericardium

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. 17 ds.

(Signed) Emil F. Hartz M. D.

Dec 30 1915 (Address) 822 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Jan 2 1916

20-UNDERTAKER F. B. Wagner

ADDRESS 2238 Eutaw Pl

C90671 C90671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 orleans St ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgeiana Canada

(Residence in Baltimore: No. 1732 orleans St St.; 2 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	Colored	Widowed

6-DATE OF BIRTH: June (Month) 10 (Day), 1856 (Year)

7-AGE: 59 yrs. 6 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.? X

8-OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Calvert Co Md

PARENTS

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah. E Graves

(Address) 1732 orleans ST

JAN 2 - 1916 Filed ....., 191.

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 31, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10, 1915, to, Dec 31 1915 that I saw h.. alive on Dec 30 1915, and that death occurred, on the date stated above, at 4.14 a m.

The CAUSE OF DEATH* was as follows:

(Pneumonia (Lobular) Hemorrhagic)

(Duration) yrs mos. 21 ds.

Contributory (SECONDARY) Heart Failure

(Duration) yrs mos. 21 ds.

(Signed), ... M. D.

Dec 31, 1915. [Address] 712 S Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Asbury cemetery Balto DATE OF BURIAL: Jan 3, 1916

20-UNDERTAKER: Milton. Davis ADDRESS: 1608 McCleddery ST

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90572

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH Stabler's Stas. 109 REGISTERED No. C

CITY OF BALTIMORE (No. 6 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B. Leinkuhler

(Residence in Baltimore: No. Lakewood ave E/S Eager St., St.: 31 yrs. 2 mos. 14 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: October 17, 1884 (Month) (Day) (Year)

7-AGE: 31 yrs. 2 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Stable Boss 514
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Albert H. Leinkuhler

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Lena Rodman

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Manda Leinkuhler

(Address) Lakewood ave & Eager St

15- JAN 2 - 1916 (No.) HARRY O. ANDREWS, Burial Permit Clerk (Registrar)

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. 31, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1915, to Dec. 31 1915, that I saw him alive on Dec. 31, 1915, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Intestinal Obstruction.

(Duration) ..... yrs. 1 mos. 7 ds.

(Signed) Louis Dieyer M. D.

Dec 31, 1915 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. 8 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Lakewood ave & Eager St

Former or usual residence 2107 Orleans St

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetary — DATE OF BURIAL: Jan 3, 1916

20-UNDERTAKER: Christian Miller — ADDRESS: 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

C90573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C90573

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1508 Hough ST.; 3 WARD)
REGISTERED NO. C.....

2-FULL NAME Nettie Larsen

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1508 Hough St. St.; 9 yrs. – mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, Mar. 12th, 1881.
(Month) (Day) (Year)

7-AGE, 34 yrs. 9 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife +
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Chas. Erickson

11-BIRTHPLACE OF FATHER (State or Country), D.C.

12-MAIDEN NAME OF MOTHER Louise Hohl

13-BIRTHPLACE OF MOTHER (State or Country), D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ludwig Larsen
(Address) 1508 Hough St.

15-
Filed JAN 2 1916 HARRY O. ARMENTS,
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 1st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1st 1914, to Jan 1st 1916, that I saw h er alive on Dec 27th 1915, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T B

(Duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. F. Tait M. D.

Jan. 2nd, 1916. (Address) 24 S Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, 1st Evan. Luth. Cem. DATE OF BURIAL, Jan 3rd, 1916

20-UNDERTAKER Rundell Lippelman ADDRESS 33 S. Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90674

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90674

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1153 Ridgely ST.: 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Winn

(Residence in Baltimore: No. 1153 Ridgely St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. 1, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown 463
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Phila. Pa.

PARENTS.

10-NAME OF FATHER, Geo. Winn

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Mary Winn

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Henry Raab

(Address)..... 1153 Ridgely

15- Filed JAN 2 - 1916, 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1915, to June 1st 1916, that I saw him alive on June 1 1916, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Suppurative Cervical Adenitis (Duration) yrs. 3 mos. ds.

(Signed) J. M. Lemmon M. D.

June 1st, 1916 (Address) 836 W. Barre St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Phila. Pa. DATE OF BURIAL, Jan 2, 1916

20-UNDERTAKER Jas Bignan & Son ADDRESS 1019 N. Howard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90575

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

111

C90575

REGISTERED No. C

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 615 So Lyndale Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas J Corns

(Residence in Baltimore: No. 615 So Lyndale Ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March (Month) 9 (Day), 1853 (Year)

7 AGE: 62 yrs. 9 mos. 21 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Oyster Shucker
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Co Md

PARENTS

10 NAME OF FATHER: Thomas Corns

11 BIRTHPLACE OF FATHER (State or country): Penn

12 MAIDEN NAME OF MOTHER: Julia Chambers

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maggie Corns

(Address) 615 Lyndale Ave

15 Filed JAN 2 - 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1915, to Dec 29 1915, that I saw him alive on Dec 29, 1915, and that death occurred, on the date stated above, at 5 20 p.m.

The CAUSE OF DEATH* was as follows:

Acute Green Atrophy

(Duration) yrs. 5 mos. ds

Contributory (SECONDARY) Pyelonephritis (Duration) 1 yrs. mos. ds.

(Signed) Jas O'Reilly M. D.

Dec 30, 1915 (Address) 330 E Baet St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemty — DATE OF BURIAL: Jan 3, 1916

20 UNDERTAKER: Albert E Fuller — ADDRESS: 221 N Bundy

C90576

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90576

1 PLACE OF DEATH — REGISTERED No. C 79

CITY OF BALTIMORE: (No. 611 Clinton St. 32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Butler

(Residence in Baltimore: No. 671 Clinton St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: 40 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Porter in Store
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: [redacted] Butler

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Annie —

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo H Hooper

(Address) 609 Cornell St

JAN 2 - 1916 Filed 191

MARRY O. ANDREWS, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 31 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1, 191 5, to, Dec 31 1915, that I saw h[illegible] alive on Dec 31 1915, and that death occurred, on the date stated above, at 4A, m.

The CAUSE OF DEATH* was as follows:

Cardiac Disease

Insufficiency of the aortic valve

(Duration) yrs 1 mos ds.

Contributory (SECONDARY): Heart Failure

(Duration) yrs 1 mos ds.

(Signed) C H Forrest M D

[redacted] (Address) 712 S. Stanf

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

20-UNDERTAKER: Geo H Hooper

DATE OF BURIAL: JAN 2 - 1916

ADDRESS: 609 Cornell St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90577

CERTIFICATE OF DEATH.

40

C90577

REGISTERED NO. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Peter McArthur

(Residence in Baltimore: No. 638 Belnord Ave. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widd

6-DATE OF BIRTH. Aug 14, 1853 (Month) (Day) (Year)

7-AGE. 63 yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Canada.

PARENTS.

10-NAME OF FATHER. Charles McArthur

11-BIRTHPLACE OF FATHER (State or Country). Scotland

12-MAIDEN NAME OF MOTHER Dont know.

13-BIRTHPLACE OF MOTHER (State or Country). Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth McArthur

(Address).....

15-Filed JAN 2 - 1916, 19.. HARRY O. ANDREWS, REGISTER.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 30, 191 5 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 18 191 5, to Dec 30 191 5, that I saw h.. alive on Dec 31 191 5 and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Cardiac Dilatation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY. (Secondary) Carcinoma

(Duration) — yrs. 2 mos. ds.

(Signed) Lawrence O Smith M. D.

Dec 31, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. 1 mos. 12 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 638 E. Belnord Ave.

Former or usual residence 638 E Belnord Ave.

19-PLACE OF BURIAL OR REMOVAL. Catholic Cemetery — DATE OF BURIAL. Jan 3rd 1916

20-UNDERTAKER John A Mollard — ADDRESS Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90673 C90678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 417 Courtland ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Owen O'Grady

(Residence in Baltimore: No. 417 Courtland St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Widower

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 74 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Metal Polish

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Thomas O'Grady

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret —

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Holzer

(Address) 33 W. North Ave.

15- FILED JAN 2 - 1916, 191.. SAMUEL C. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Found December 31, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. Claussen M. D. (Coroner.)

Jan. 2, 191 6. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Jan. 2, 191 6.

20-UNDERTAKER M. Fahey & Sons — ADDRESS 646 Lafayette ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

over

Spec.—8-24-14—M. & T.—3000 lots.

C30679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 92 C30679

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angela Maguire

Residence in ~~Baltimore~~: No. Mercy Hospital St.; — yrs., — mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1851 (Year)

7-AGE, 64 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Christopher Maguire

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. F. Stokes

(Address) Catonsville Md

15- Filed JAN 2 - 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 31 (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec. 27 1915, to Dec. 31 1915, that I saw h[illegible] alive on Dec 31 1915, and that death occurred, on the date stated above, at 12.57 M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Edward H. Smith M. D.

Dec 31, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Catonsville Md

Former or usual residence Catonsville, Md.

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Jan. 3..., 1916

20-UNDERTAKER M. Fahey & Son — ADDRESS 616 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C30580 — C30580 — X 172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.) 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Magnussen (Magnussen)

(Residence in Baltimore: No. St. Joseph's Hospital St.) yrs. 45 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, Feb (Month) 2 (Day) 1837 (Year)

7-AGE, 78 yrs. 11 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: Domestic Duties +

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Deutefisch

(Address) Ellicott City

15-

Filed JAN. 2 1916 HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 1st (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Dec 16 1915, to Jan 1st 1916, that I saw h[illegible] alive on Jan 1st 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Fracture L. femur

Accidental fall

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY, (Secondary) Hypostatic Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) H. H. Myers M. D.

Jan 1, 1916. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 16 ds. In the State 54 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Ellicott City Md

Former or usual residence Ellicott City Md

19-PLACE OF BURIAL OR REMOVAL, Zion Lutheran Stemmers Run — DATE OF BURIAL, Jan 3, 1916

20-UNDERTAKER Easton Sons — ADDRESS Ellicott City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1108 McEdery ST.: 5 WARD) 79 REGISTERED No. C

2-FULL NAME Oscar Norman

(Residence in Baltimore: No. 1108 McEdery St.: — yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Unknown

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....57.....yrs.....mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Gorman

(Address) Belair Market

15- FILED JAN 2 - 1916, 191.... HARRY O. AHLERS, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec ..... 31st ....., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.)
Inquiry ....find that said deceased came to ....death on the day stated above.
The CAUSE OF DEATH* was as follows:

.....Chronic Heart Disease.....

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Edwin A. Russell M. D.
(Coroner.)
Jan 1st, 1916 (Address) 156 N. Milton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Schwartz Cem

DATE OF BURIAL. June 3, 1916

20-UNDERTAKER Robt Thurner

ADDRESS 1472 W Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90689 104 C90692

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 S. Broadway. ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Renouard R. Kwasnik.,

(Residence in Baltimore: No. 224 S. Broadway, St.: 1 yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. 31., 1914.
(Month) (Day) (Year)

7-AGE, 1 yrs. mos. 1 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None 000
(b) General nature of industry, business, or establishment in which employed (or employer). Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Raymond Kwasnik

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Wanda Liwicka

13-BIRTHPLACE OF MOTHER (State or Country), Posen Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond Kwasnik

(Address) 224 S. Broadway

15- Filed JAN 3 - 1916, 191. ROBERT T. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1st, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 30th 1915 to Jan 1 1916, that I saw h[illegible] alive on Dec. 30th 1915, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Gastritis Enteritis

Colitis

(Duration) 1 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Max A. Kwiatkowski M. D.

Jan. 14, 1916 (Address) 221 S. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yr. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 224 S. Broadway.

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Jan 3, 1916

20-UNDERTAKER William Fialkowski

ADDRESS 1618 Eastern, Ave.,

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90883

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90883

CERTIFICATE OF DEATH.

19

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. On Street Ridgley & West St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Timothy Farrell

(If resident in Baltimore: No. Bay View St.; yrs., unknown mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, unknown (Month), (Day), 1856 (Year)

7-AGE, 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer #3
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Peter Farrell

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine Long

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luke B Farrell

(Address) 311 W 36th St New York

15- JAN 3 - 1916 ROBERT . KRAUTER Burial Permit Clerk

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dil

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Org. Heart disease

(Duration) yrs. mos. ds.

(Signed) J. F. Jeffers M. D.

(Coroner.)

Jan 7, 1916 (Address) 24 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 1/3/16, 19....

20-UNDERTAKER Henry W. Mears & Son

ADDRESS 105 N. Calvert St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90884

CERTIFICATE OF DEATH.

91 C90884

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infts Asy. ST. 14 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Leroy

(Residence in Baltimore: No. St. Vincents Infant asylum St.; yrs. 3 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept. (Month) 20 (Day), 1915. (Year)

7-AGE, yrs. 9 mos. 11 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St.

15- JAN 3 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 1st (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 27th 1915, to Dec. 31st 1915, that I saw him alive on Dec. 31st 1915, and that death occurred, on the date stated above, at 1.00 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. mos. ds.

(Signed) Charles O. Krause M. D.

Jan 2, 1916 (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 11 ds. In the State yrs. 3 mos. 11 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Jan. 3, 1916

20-UNDERTAKER A. Fahey & Sons — ADDRESS 606 Lafayette Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90885

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C90885

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1530 West Lexington Street WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Lucy Bowzelle

(Residence in Baltimore: No. 1530 W Lexington Street yrs. 43 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: April 18, 1839 (Month) (Day) (Year)

7-AGE: 76 yrs. 8 mos. 17 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: [illegible] Grant

11-BIRTHPLACE OF FATHER (State or country): United States Maryland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): United States Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fielder B. Bowzelle

(Address) 1530 W. Lexington Street

15-Filed JAN 3 - 1916 ROBERT . KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 1, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December, 1915, to January 1 1916, that I saw h[illegible] alive on Dec. 31, 1915, and that death occurred, on the date stated above, at 8 1/2 a.m.

The CAUSE OF DEATH* was as follows:

Organic heart disease
(Duration) 7 yrs. ... mos. ... ds

Contributory (SECONDARY)
(Duration) ... yrs. ... mos. ... ds.

(Signed) Allen Emerson M. D.
Jan. 2, 1916 (Address) 10 W Mt Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Jan 3 1916

20-UNDERTAKER: George J Smith — ADDRESS 1000 Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Blks.

C90886

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C90886

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Shields Alley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Harrison

(Residence in Baltimore: No. 1227 Shields Alley St.; ....yrs., 7 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	black.	Single

6-DATE OF BIRTH, Dec. (Month) 31 (Day), 1915 (Year)

7-AGE, — yrs. — mos. — ds. If LESS than 1 day, 10 hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland. Balto

PARENTS.

10-NAME OF FATHER, Walter A Harrison

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Julian Gibson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas K Gibson

(Address) Mera Hospital

15- JAN 3 - 1916 CORRECT ERADICTED

Filed....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 31 1915, to Jan 1 1916, that I saw h[illegible] alive on Dec. 31 1915, and that death occurred, on the date stated above, at 5A. m.

The CAUSE OF DEATH* was as follows:

Prematur Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L Smith M. D.

Jan 1, 1916. (Address) Mera Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn Cemetery	Jany. 3., 1916.
20-UNDERTAKER	ADDRESS
Felix B Pyle	102 E Hillsboro St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

C90887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1725

C90887

REGISTERED No. C

8

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Randolph Scarborough.

(Residence in Baltimore: No. 2802 E. Baltimore St. 4 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, August (Month) (Day), 1877 (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Mariner - Sor
(b) General nature of industry, business, or establishment in which employed (or employer). Mate tug boat

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hamilton Scarborough

(Address) 2802 E. Baltimore St.

15- FILED JAN 3 - 1916, 191. ROBERT L. BRADHAM, Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accident Crushed between scow & wharf.

(Duration) about 2 hours

CONTRIBUTORY (Secondary) Internal hemorrhage

(Duration) yrs. mos. ds.

(Signed) Thos. R. Richardson M. D. (Coroner.)

Jan. 3., 191. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Canton Balto City Md.

Former or usual residence 2802 E. Baltimore St.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem'y

DATE OF BURIAL, Jan 4., 1916

20-UNDERTAKER Albert E Hull

ADDRESS 221 N Bradby

I.S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90888 — 92 C90888

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Aisquith ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Isabell Neumann

(Residence in Baltimore: No. 1407 Aisquith St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Oct 28, 1844
(Month) (Day) (Year)

7-AGE, 49 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework X
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Louis Dreinel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louise Albaugh

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Neumann

(Address) 1407 Aisquith st

15- Filed JAN. 3 1916 ROBERT J. KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1915, to Jan 1st 1916, that I saw h or alive on Jan 1st 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Acute Lobar)

Grippe

(Duration) ...yrs. ...mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. 4 ds.

(Signed) Jefferies Black M. D.

Jan 2, 1916 (Address) 2849 St Paul st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Cemetery	Jan 4, 1916.
20-UNDERTAKER	ADDRESS
Albert E. Fuller	2218 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90889 C90889

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N. Eden St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Bryan

(Residence in Baltimore: No. 227 N. Eden St.; 50 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... January ....., 1 ..... (Month) (Day) (Year)

7-AGE, 53 yrs. 1 mos. ..... da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer 250
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Brick Yard

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jno Bryan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Bryan

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgiana Bryan

(Address) 227 N. Eden St.

15- JAN 3 - 1916 Filed ....., 191.... COREY . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8 1915, to Jan 7 1916, that I saw h[im] alive on Jan 1 1916, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

M. Legrande (Duration) ..... yrs. 2 mos. ..... da.

CONTRIBUTORY (Secondary) Dropsy & heart failure

..... (Duration) 6 yrs. 2 mos. 1 da.

(Signed) Edward Rushes M. D.

Jan 2 1916 (Address) 1612 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedony Cem. DATE OF BURIAL, JAN 3 1916

20-UNDERTAKER Theodore White ADDRESS 1702 Gough St

CAUSE OF DEATH is, in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM ETY

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90890 — 154 — C90890

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1614 E Lafayette Ave) (Ward) 8

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena A Heilge

(Residence in Baltimore: No. 1614 E Lafayette Ave) St.: 67 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec 9th, 1849
(Month) (Day) (Year)

7-AGE, 66 yrs. 9 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman H. Heilge

(Address) 1614 E Lafayette Ave.

15-JAN 3 - 1916 ROBERT . GRAJER
Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah Wilmoth M. D.
(Coroner.)

Jan 3rd 1916 (Address) 1514 W. Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem.	Jan 4, 1916
20-UNDERTAKER E. Sohlsman & Son	ADDRESS 1037 Hanover St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

U.S. AFB DAK

D1431-1+2

C90891

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C90891

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1203 E. Fort ave ST 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Raynor

(Residence in Baltimore: No. 1203 E. Fort ave St. 64 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct 23, 1822 (Month) (Day) (Year)

7-AGE: 23 yrs. 2 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto md

PARENTS

10-NAME OF FATHER: Thomas J. Raynor

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Josephine Trapp

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas J. Raynor

(Address) 1203 E. Fort ave

15 Filed JAN 3 - 1916 CORNEL . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 1, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1915, to Jan 1 1916, that I saw h[illegible] alive on Dec 31, 1915, and that death occurred, on the date stated above, at 730A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) Cold

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Philip B. Towles M. D.

Jan 7, 1916 (Address) 1432 William

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence C. A. Co. Md

19-PLACE OF BURIAL OR REMOVAL: Holy Cross

DATE OF BURIAL: 1-3 1916

20-UNDERTAKER: H Sander & Sons

ADDRESS: 1710 Pluts

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90892 — CERTIFICATE OF DEATH. — 79 C90892

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1045 Arg-yle Av St.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Green

(Residence in Baltimore: No. 1045 Argyle Av St.; 69 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Green

(Address) 1045 Argyle Av

15 JAN 3 - 1916 Filed, 191. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1915, to Dec 31 1915, that I saw h alive on Dec 31 1915, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Cerebro-Sclerosis

(Duration) 7 yrs. mos. ds.

(Signed) J F Norwood, M. D.

Jan 2, 1916 (Address) 939 Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan 3, 1916.

20-UNDERTAKER Wilkes Brown — ADDRESS 306 N Mount St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dietary M.D.

C90593

Dr Wreine Corp 2302 Madison ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

139 C90593

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 113 N. Monroe ST., 20 WARD)

2-FULL NAME Ellen E. Howard

(Residence in Baltimore: No. 113 N. Monroe

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., unknown mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 10 (Day), 1877 (Year)

7-AGE. 38 yrs. 6 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John P. Jacobs

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Mary A. Barnes

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Howard

(Address) 113 N. Monroe

15- JAN 3 - 1916 ROBERT J. BRADTKE Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 31st (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Unknown (Sudden?
Confined Dec 18th?)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Nervous exhaustion

(Duration).....yrs.....mos.....ds.

(Signed) Samuel Hunter M. D.
(Coroner.)

Jan. 2nd, 1916. (Address 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cemetery

DATE OF BURIAL, 1-3, 19..16

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90894

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90894

CERTIFICATE OF DEATH.

90

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 W. 25 th ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas N. Vansant.

(Residence in Baltimore: No. 138 W. 25 th St. St.; 84 yrs., 5 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, July 18, 1831. (Month) (Day) (Year)

7-AGE, 84 yrs. 5 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired. 530
(b) General nature of industry, business, or establishment in which employed (or employer): Conductor R.R. Co

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, William Vansant.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna M. Hill.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida. N. Vansant.

(Address) 138 W. 25 th St

15- JAN 3 - 1916 Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 10 1915, to Jan 1 1916, that I saw h[illegible] alive on Jan 1 1916, and that death occurred, on the date stated above, at 11.15 m.

The CAUSE OF DEATH* was as follows:

(a) Exhaustion

(b) ..... (Duration) ....yrs. 10 mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(c) ..... (Duration) ....yrs. 10 mos. ....ds.

(Signed) L. A. Tuxbury M. D.

Jan 4, 1916 (Address) 112 W. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Jan 4, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 E Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90895 HEALTH DEPARTMENT—CITY OF BALTIMORE C90895

CERTIFICATE OF DEATH. 79

1-PLACE OF DEATH University Hospital REGISTERED No. C

CITY OF BALTIMORE: (No. 21 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Shoemaker

(Residence in Baltimore: No. 786 W. Cross St St.; 46 yrs., 9 mos. 14 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 17 (Day), 1869 (Year)

7-AGE, 46 yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Butcher 655
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Henry Shoemaker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida V. Schumacher

(Address) 786 W Cross

15- Filed JAN. 3 1916 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1915, to Jan 2 1916, that I saw h[illegible] alive on Jan 2 1916, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation and Chronic Nephritis

Unknown (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) H Wilson M. D.

June 2, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 ds. In the State 46 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 786 W. Cross St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, 1-4-, 1916

20-UNDERTAKER Mlain Cook

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C90896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 C90896

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Levin

(Residence in Baltimore: No. 205 N Bond St. St.; 15 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1860 (Year)

7-AGE,	If LESS than 1 day,
65 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Aaron ?

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed JAN 3 - 1916, 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 1916, to Jan 3 1916, that I saw her alive on January 3 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Diabetis mellitus

Diabetic coma

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul R Clough M. D.

Jan. 3., 191.6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 205 N Bond St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Washington D.C.	Jan. 3., 191.6
20-UNDERTAKER Jacob Levin	ADDRESS 1419 Mill St

C90897

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150 C90897

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1919 a. Mulberry St.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Ann Miller

(Residence in Baltimore: No. 1919 a Mulberry St.; yrs. 1 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: Nov 22, 1915 (Month) (Day) (Year)

7-AGE: yrs. 1 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: J. J. Miller

11-BIRTHPLACE OF FATHER (State or country): Frederick Md

12-MAIDEN NAME OF MOTHER: Rose I. Dyer

13-BIRTHPLACE OF MOTHER (State or country): Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Amzi Miller

(Address) 1919 N. Mulberry St

15. Filed JAN 3 - 1916, 191 ROBERT J. KRAUSE, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 3, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov, 1915, to Jan 3 1916

that I saw h[illegible] alive on Jan 2, 1916

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart (Congenital)

(Duration) yrs. mos. 1/2 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Wm Royer Lee M. D.

Jan 4, 1916. (Address) 865 Park ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem Frederick Md

DATE OF BURIAL: Jan 4, 1916

20-UNDERTAKER: Jas Bleck

ADDRESS: 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

John Sheridan

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90698

CERTIFICATE OF DEATH.

C90698

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1722 Lawrence Hill ave ST.; 91 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and add out No. 18.)

2-FULL NAME John Sheridan

(Residence in Baltimore: No. 1722 Lawrence Hill ave St.; 4 yrs., 8 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, April 21, 1911 (Month) (Day) (Year)

7-AGE, 4 yrs. 8 mos. 11 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, John R. Sheridan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Amelia Manns

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Sheridan

(Address) 1722 Lawrence Hill Av.

15-
Filed JAN 3 1916 ROBERT . KRAUTH, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1915, to Jan 1 1916, that I saw him alive on Jan 1 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Broncho

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Dr. H. W. Kennard M. D.

Jan 1..., 1916 (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Jan 3, 1916

20-UNDERTAKER George H. Holland — ADDRESS 317 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90899 — CERTIFICATE OF DEATH — 79 C90899

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1821 N. Pulaski St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME B. Clyde Smith

(Residence in Baltimore: No. 1824 Pulaski St. St.: yrs. 8 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: (Month) Unknown (Day) 1 (Year)

7-AGE: about 34 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Painter 384
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE (State or country): Penna

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Milner

(Address) 1824 Pulaski

JAN 3 - 1916 Filed ....., 191

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 1st (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 19th, 1915, to Dec 31st 1915, that I saw him alive on Dec 31st, 1915, and that death occurred, on the date stated above, at 5 AM. The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Mitral and aortic Insufficiency (Duration) 25 yrs. mos. ds.

(Signed) William J. Krapsick M. D.

Jan 1st, 1916 (Address) 1700 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 3, 1916

20-UNDERTAKER: H. E. Lockwood Sr — ADDRESS: Lemax Walk

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90900 C90900

CERTIFICATE OF DEATH.

1720

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Colvin ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME John Dr. M. Roche

(Residence in Baltimore: No. 407 Colvin St.; 65 yrs., 2 mos., 13 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, October 19, 1850 (Month) (Day) (Year)

7-AGE, 65 yrs. 2 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stable Boss at 5th
(b) General nature of industry, business, or establishment in which employed (or employer)..... Balto Transfer Co.

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER John Roche

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Roche

(Address) 407 Colvin St.

15- Filed JAN 3 - 1916, 191.. CORKRAN Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 10 1915, to Jan 2 1916, that I saw him alive on Jan 2 1916, and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 8 mos. 25 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jas. H. Fisher M. D.

Jan 3, 1916. (Address) 1926 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Jan. 4, 1916.

20-UNDERTAKER Henry Hecht & Son

ADDRESS 130 E Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C90901

C90901

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1549 Abbottston ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Marie Kremer

(Residence in Baltimore: No. 1549 Abbottston St.; 69 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) 28 (Day) 1835 (Year)

7-AGE, 80 yrs. 6 mos. 4 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, George Enders

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John M. Kraus

(Address) 1549 Abbottston St.

15- JAN 3 - 1916 ROBERT . KRAUTER

Filed ..., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1st 1915, to Jan. 2nd 1916, that I saw h[er] alive on Jan. 2nd 1916, and that death occurred, on the date stated above, at 5:09 p. m.

The CAUSE OF DEATH* was as follows:

Cerebro Embolism

(Duration) 1 yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ... yrs. ... mos. 10 ds.

(Signed) Albert F. Kirsch M. D.

1/2, 1916 (Address) 1503 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Jan. 5, 1916
20-UNDERTAKER Henry Hoeck Son	ADDRESS 1301 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90902

CERTIFICATE OF DEATH.

79 C90902

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 N Franklin St ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Burton

(Residence in Baltimore: No. 1511 N Franklin St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, June (Month) 15th (Day) 18 (Year) 60.

7-AGE, 55 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Jno. Allard

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary E. Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. C. Burton

(Address) 1511 N. Franklin St

15- JAN 3 - 1916 ROBERT J. KRAUDER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 1st (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Dec 24 191 5, to Jan 1 191 6, that I saw h[illegible] alive on Jan 1 191 6, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Chronic Disease of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 7 ds.

(Signed) J. H. Kaufman M. D.

Jan 1, 1916. (Address) 165 Hoard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, 1/4, 1916.

20-UNDERTAKER Robt J Brooks & Son

ADDRESS S.E. Cor Calhoun & Hollins

Spec.—8-24-14—M. & T.—2000 Blks.

C90903

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90903

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2204 Oak Street 18

CITY OF BALTIMORE: (No. ..... ST.; 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cordelia Archer Williams

(Residence in Baltimore: No. Baltimore near Oak St. St.; ..... yrs., 3 mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March ..... (Month) ..... (Day) 1828. (Year)

7-AGE, 87 yrs. 10 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Harford Co Maryland

PARENTS.

10-NAME OF FATHER, James Williams

11-BIRTHPLACE OF FATHER (State or Country), Equiry Store Md

12-MAIDEN NAME OF MOTHER Mary Pumphrey

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Louisa L. Williams

(Address) ..... 1124 N. Charles St.

15. JAN 3 - 1916 Filed ..... 191.....

ROBERT J. KRAUTER
Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 10th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 19th, 1914 to Jan 12th, 1916, that I saw her alive on Jan 12th, 1916, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Paralysis (cerebral) followed by Fatal
Apoplexy, Bed sore, Cystitis
etc, etc, & Pleurisy double Pneumonia (Duration) about yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus ..... (Duration) about yrs. ..... mos. 2 ds.

(Signed) Edwin G. Baetjer M. D.

1 - 3, 191 (Address) 1017 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Jany 13th, 1916

20-UNDERTAKER, Henry W. Jenkins & Sons Co Orchard Sts.

J. Wm. Bullock

C90904 HEALTH DEPARTMENT—CITY OF BALTIMORE 79

C90904

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1130 Whatcoat street, ST. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Chase,

(Residence in Baltimore: No. 1130 Whatcoat street, aft 20 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, August (Month) 15th (Day), 1884. (Year)

7-AGE, 31 yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore,
(b) General nature of industry, business, or establishment in which employed (or employer): 502

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Philip Chase,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lydia Chase, wife,

(Address) 1130 Whatcoat street.

15- Filed JAN 3 - 1916, 191.. AUGUST . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 31st (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably

Mitral regurgitation,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemp M. D. (Coroner.)

Jan. 2nd 191.5 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Jan 3, 1916
20-UNDERTAKER James H Dennis	ADDRESS 1303 Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90905 C90905

CERTIFICATE OF DEATH.

80

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1100 E. Preston ST.; 9 WARD)
2-FULL NAME Sam Wesley Wilson
(Residence in Baltimore: No. 1100 E. Preston St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

wife
yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, August 6th, 1844
(Month) (Day) (Year)

7-AGE, 71 yrs. 4 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Sam Wesley Wilson
11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co Md.
12-MAIDEN NAME OF MOTHER Averilla Pines
13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Harriet E. Wilson (wife)
(Address) 1100 E. Preston St.

15- JAN 3 - 1916 Filed, 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Jan 2 1916, that I saw h im alive on Jan 2 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis and senility (Duration) 5 yrs. 5 mos. 1 ds.

(Signed) Thos. S. Fenby M. D.

1/3, 1916 (Address) 1223 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Jan 4, 1916

20-UNDERTAKER H. E. Hughes — ADDRESS 17 S. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C30906

HEALTH DEPARTMENT—CITY OF BALTIMORE

C30906

CERTIFICATE OF DEATH.

8 175 REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St. Josephs Hospital ST.; 7 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julian E. Mullican

(Residence in Baltimore: No. 1875 E. Eager St.; yrs., 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 43 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Butcher 655
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Washington, DC

PARENTS.
10-NAME OF FATHER, Michael Mullican
11-BIRTHPLACE OF FATHER (State or Country), Ireland
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Gordon Kernan
(Address) 1875 E. Eager St.

15- JAN 3 - 1916 Filed ....., 191.. ROBERT J. KRADLER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 31st, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental injuries (Compound fracture of R. leg and ruptured K. & liver)
Struck by an automobile
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Savage M. D.
(Coroner.)
Jan 2nd, 1916 (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Accident - Fremont & 32d near Pa. Ave.
Former or usual residence 1875 E. Eager St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem.	Jan 3, 1916
20-UNDERTAKER	ADDRESS
Frank Enoch & Son	1904 Eutaw St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Blks.

C90907

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90907

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Ames.

(Residence in Baltimore: No. 1127 Pennsylvania Ave, St.; ....yrs., ...mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 29 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook 877
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Family

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), ~~Virginia~~ Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... [illegible]

(Address)..... 1107 N. Eutaw St.

15- JAN 3 - 1916 Filed..... 191.....

ROBERT P. BRADIER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 2 1916, that I saw her alive on Jan 2 1916, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Sixteen hours duration

.....(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (Duration) ....yrs. 2 mos. ....ds.

(Signed) Frank E Shipley M. D.

Jan 2, 1916 (Address) 1107 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. 3 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1127 Pennsylvania Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Jan. 3, 1916
20-UNDERTAKER	ADDRESS
Jos A Bishop	1107 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90908 103 C90908

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1 Kelly's Ct. ST.: 18 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elisha Locke.
(Residence in Baltimore: No. 1 Kelly's Ct, St.: 5 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH. unknown
(Month) (Day) (Year)

7-AGE. 73 yrs. — mos. — ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER (State or Country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Jas Locke
(Address) 1 Kelly court

15- JAN 3 - 1916 ROBERT J. BRADLEY
Filed ....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Jan 1 1916, that I saw h— alive on Dec 31 1915, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
from Palsy

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. ds.

(Signed) C H Fowler M. D.
Jan 2, 1916 (Address) 714 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cmtry — DATE OF BURIAL, Jan 3, 1916.

20-UNDERTAKER Alfred J Frueholz — ADDRESS 114 S Canden St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 090909

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1609 N. Fulton Ave ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Morris

(Residence in Baltimore: No. 1609 N Fulton Ave. St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1 ..... (Month) (Day) (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Furniture
(b) General nature of industry, business, or establishment in which employed (or employer)..... Salesman

9-BIRTHPLACE, (State or Country), N Y

PARENTS.

10-NAME OF FATHER, Isidor Morris

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sarah Morris

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julian Rogers

(Address) 1609 N Fulton ave

15- JAN 3 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany. (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 2 1915, to Jany 3 1916., that I saw h m alive on Jany 2 1916., and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Aneurysm of Aorta

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. A. Weinberg M. D.

Jany. 3, 1916 (Address) 1504 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew — DATE OF BURIAL, Jan 5, 1916

20-UNDERTAKER J Ahrens & Co — ADDRESS 1611 Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90510 HEALTH DEPARTMENT—CITY OF BALTIMORE C90510

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 8 ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Kaufman

(Residence in Baltimore: No. Hebrew Hospital Home St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 77 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Glazier 328
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Ahrens

(Address) 1611 Madison Ave

15-JAN 3 - 1916 Filed ....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan — (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1915, to Jan 2 1916, that I saw h[illegible] alive on Jan 2 1916, and that death occurred, on the date stated above, at 2.40 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Louis Kaufman M. D.

Jan 3, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 15 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Hebrew Hospital Home

Former or usual residence Hebrew Hospital Home

19-PLACE OF BURIAL OR REMOVAL, [redacted] Cemetery DATE OF BURIAL, Jan 4, 1916

20-UNDERTAKER Friedsam's ADDRESS

J Ahrens & Co 1611 Mad Ave

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90611 C90611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 479

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 734 W Mulberry ST. 4 WARD)

2-FULL NAME Henrietta Holliday

(Residence in Baltimore: No. 734 W Mulberry

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., 63 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~Housekeeper~~
(b) General nature of industry, business, or establishment in which employed (or employer) Midwife 15th

9-BIRTHPLACE, (State or Country) Balto. Maryland

PARENTS.

10-NAME OF FATHER, Thomas Briscoe

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Susie Johnson

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Holliday

(Address) 734 W Mulberry

15- JAN 3 - 1916 Filed....., 191.... ROBERT . KRADIER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ~~inquest~~ (Inquest, autopsy or inquiry.) and that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Org. Heart disease

(Duration) yrs. mos. ds.

(Signed) J. K. Stone M. D.

Jan 3, 1916. (Address) 242 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Jan 5th, 19 16

UNDERTAKER Charles B. Jones

ADDRESS 118 Saratoga

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C30512 C30512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66

8

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 923 E Madison St. 10 WARD)
REGISTERED NO. C

2-FULL NAME Henrietta Lucas

(Residence in Baltimore: No. 923 E Madison

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs. 53 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Dec 25th, 1862
(Month) (Day) (Year)

7-AGE. 53 yrs. 0 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic 877
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE. (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Elijah Hill

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Louisa Green

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Lucas

(Address) 923 E Madison

15- JAN 3 - 1916 ROBERT J. KRAUSE, Deputy Permit Clerk.
Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 27th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

1st Apoplexy Pneumonia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) ....yrs....mos....ds.

(Signed) Bryan L. Randall M. D.
(Coroner)
Dec 27, 1915 (Address) 1511 Linton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....da. In the State....yrs....mos....da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Zion Cemetery	Jan 3rd 1916

20-UNDERTAKER Charles B. Jones ADDRESS 1118 W. Saratoga

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 C90913

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 E. 21st St.; 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Mary Agnes Peake

(Residence in Baltimore: No. 732 E. 21 st St.; 67 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 6th (Day), 1853 (Year)

7-AGE, 67 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Sword

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma Fisk

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene B. Peake

(Address) 732 E. 21st

15- Filed JAN 3 1916 191... ROBERT . ZRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 1st (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 191.1, to Jan 1 1916, that I saw her alive on Jan 1 1916, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes

Duration 2 yrs.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H W Gaddess M. D.

Jan 1st, 191... (Address) 221 E 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Jan 4, 191.6

20-UNDERTAKER Geo M. Frisc ADDRESS 811 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. PHYSICIANS should state AGE should be stated EXACTLY. Exact statement of OCCUPATION is very may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C90914

CERTIFICATE OF DEATH.

REGISTERED NO. C 79 C90914

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N. Eleter ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hall

(Residence in Baltimore: No. 523 N. Eleter St.; Life yrs., 1 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Unknown, 1 ..... (Month) (Day) (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home.

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Daniel Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Coates

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Charles E. Hall

(Address) ..... 523 N. Eleter St.

15- Filed JAN 3 - 1916 ..... 191.. COURT . TRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec. 29 ....., 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1915, to Dec. 29 1915, that I saw her alive on Dec. 28, 1915, and that death occurred, on the date stated above, at 7:40 p.m.

The CAUSE OF DEATH* was as follows:

..... Mitral regurgitation .....

.....

.....

..... (Duration) ..... yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) ..... Acute Nephritis .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Dec 30 1915 (Address) ..... 611 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Jan. 2, 1916

20-UNDERTAKER Robert F. Elliott ADDRESS 506 Rutgers

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—H. & C.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90915 C90915

CERTIFICATE OF DEATH.

60

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 9 WARD)
2-FULL NAME Philip J. Schrieber
(Residence in Baltimore: No. 1015 E. Hoffman St. St.; 16 yrs. mos. ds.)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male
4-COLOR OR RACE, white
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single.
6-DATE OF BIRTH, Jan 17, 1896 (Month) (Day) (Year)
7-AGE, 19 yrs. 11 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer).....
9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.
10-NAME OF FATHER, Geo. P. Schrieber
11-BIRTHPLACE OF FATHER (State or Country), Baltimore
12-MAIDEN NAME OF MOTHER, Christina Wilhelm
13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Geo. P. Schrieber
(Address) 1015 E. Hoffman St

15- Filed JAN 3 1916 191.. ROBERT J. KRAUTER, Registrar. BURIAL PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 27 1915, to Jan 1 1916, that I saw him alive on Jan 1 1916, and that death occurred, on the date stated above, at 10 a. m.
The CAUSE OF DEATH* was as follows:
Cerebellar Abscess.
Immediate
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocarditis Pulmonary Edema
(Duration) 0 yrs. mos. 1 ds.
(Signed) Irene V. Pritchard M. D.
Jan 1, 1916 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 5 ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? not known
Former or usual residence 1015 Hoffman St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 4 1916
20-UNDERTAKER Frank A. Fink — ADDRESS 910 W. Gay St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90516 28 C90516

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Hanover ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Herdegen (Herdegen)

(Residence in Baltimore: No. 506 Hanover St.; 5yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug 19 (Month) (Day), 1887 (Year)

7-AGE, 28 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Lawrence Herdegen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Bitzel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Elizabeth Bitzel

(Address) 1506 E. Hanover

15- JAN 3 - 1916 HARRY O. ANDREWS, Filed....., 191.. Official Title Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1915, to June 2 1916, that I saw h alive on June 2 1916, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Duration of Diabetes

(Duration) 1 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Kurtzhurst M. D.

June 4, 1916 (Address) 1723 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 5, 1916

20-UNDERTAKER Robert J. Turner — ADDRESS 1742 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C90317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C90317

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 S. Charles ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella V. Lineberger

(Residence in Baltimore: No. 1534 S. Charles St.)

Known to St. Nurses Inf as Ella V Lineberger

(If non-resident give usual place of abode.)

Length of residence in city or hospital, institution or other place from which directly admitted (yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct (Month) 1 (Day), 1865 (Year)

7-AGE, 50 yrs. 3 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Monroe Clark

11-BIRTHPLACE OF FATHER (State or Country) Queen Anns Co. Md

12-MAIDEN NAME OF MOTHER Amanda Harris

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Lineberger

(Address) 1534 S Charles

15- JAN 3 - 1916 Filed, 191. HARRY O. ARDENS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1915, to Jan 1 1916, that I saw h[er] alive on Dec 31 1915, and that death occurred, on the date stated above, at 1.45 A.M.

The CAUSE OF DEATH* was as follows: Uremia Gonorrhea Obstruction

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

(Signed) J. H. Mayhann M. D.

1-3 1916 (Address) 1 E Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. Balto Md.

DATE OF BURIAL, JAN 4 - 1916

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90518 C90518

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 S. Linwood Av ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Joseph Kane

(Residence in Baltimore: No. 606 S. Linwood Av St.; 39 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, April 1 (Month) (Day), 1876 (Year)

7-AGE, 56 yrs. 8 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Thomas Kane

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Kane

(Address) 606 S Linwood Ave

15- Filed JAN 3 1916 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1915, to Dec 31 1915, that I saw h[illegible] alive on Dec 30 1915, and that death occurred, on the date stated above, at 2 00 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Lagrippe

(Duration) yrs. mos. 7 ds.

(Signed) Geo. Keller M. D.

Jan 2, 1916. (Address) 1937 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross. DATE OF BURIAL, Jan 4th 1916.

20-UNDERTAKER John C Hower & Sons ADDRESS Bank St

Spec.—8-24-14.—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90519

CERTIFICATE OF DEATH.

x 151

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 5 Joseph Hoyle St. ; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Tasker

(Residence in Baltimore: No. Stemmers Run Rd St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 29, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto

PARENTS.

10-NAME OF FATHER, John Tasker

11-BIRTHPLACE OF FATHER (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER Ellen Jacobs

13-BIRTHPLACE OF MOTHER (State or Country), Stemmers Run Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed JAN 3 - 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 191, to Dec 30 191 5, that I saw h.. alive on Dec 30 191 5, and that death occurred, on the date stated above, at 9C m.

The CAUSE OF DEATH* was as follows:

Prematurity Labor

.....

.....

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. L. Klemm M. D.

Dec 30, 191.5 (Address) St. J. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. 2 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Stemmers Run Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	JAN 3 - 1916, 191...
20-UNDERTAKER Per. WM. F. WOODALL	ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90529

CERTIFICATE OF DEATH.

Nov 28-16

C90529

1-PLACE OF DEATH Nursery + Child's Hosp. 37

CITY OF BALTIMORE: (No. Franklin + Schroeder Sts. WARD) REGISTERED NO. C

2-FULL NAME Wm Campbell

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. St.; 1 yrs., 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, June 6, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ooo
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery + Child's Hosp.

(Address) Franklin + Schroeder Sts

15-

Filed JAN 3 1916, 191 HARRY O. JOHNS Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1915, to Dec 30 1915 that I saw h im alive on Dec 30 1915, and that death occurred, on the date stated above, at 2 P.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Congenital Lues

(Duration) yrs. mon. ds.

(Signed) W. N. Sisk M. D.

Dec 30, 1915. (Address) M. C. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 8 mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL. DATE OF BURIAL, JAN 3 1916

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90921 C90921

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 626 S. Decker Ave WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Coleman

(Residence in Baltimore: No. 626 S Decker ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 13th (Month) (Day), 1896. (Year)

7-AGE, 19 yrs. 6 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work.
(b) General nature of industry, business, or establishment in which employed (or employer) at Home.

9-BIRTHPLACE, (State or Country), Rock Hall Md.

PARENTS.

10-NAME OF FATHER, John W. Coleman

11-BIRTHPLACE OF FATHER (State or Country), Rock Hall Md.

12-MAIDEN NAME OF MOTHER Mary E. Sewell

13-BIRTHPLACE OF MOTHER (State or Country), Rock Hall Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Coleman

(Address) 626 S. Decker Ave

15- JAN 3 - 1916 HARRY O. ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 1 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1915, to Jan 1 1916, that I saw h[illegible] alive on Jan 1 1916, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

La Grippe Pneumonia

..... (Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. Wheeler M. D.

Jan 1, 1916. (Address) 165 Fairmount

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rock Hall Kent Co. Md. DATE OF BURIAL, Jan. 4....., 1916.

20-UNDERTAKER Lilly & Geiler ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C90922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C90922

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Fairmount Av; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Shepperaid

(Residence in Baltimore: No. 2113 Fairmount Av; life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug. 23, 1852
(Month) (Day) (Year)

7-AGE, 63 yrs. 4 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, John V Lubecker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie D. Giesang

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lew W. Shepperd

(Address) 2113 Fairmount Ave

15- Filed JAN 3 1916, 191.. HARRY O. ANDREWS, Vital Records Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1915, to Jan. 3, 1916, that I saw her alive on Jan. 3 1916, and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Grippe, Broncho-Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Respiratory failure (Duration) yrs. mos. ds.

(Signed) S. S. Rusk, M. D.

Jan 3, 1916. (Address) 2000 N. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cemetery — DATE OF BURIAL, Jan. 5 1916

20-UNDERTAKER E. M. Mitchell Co. — ADDRESS 121 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90923

CERTIFICATE OF DEATH.

40 C90923

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 W. Mulberry ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Capt. John Baker

(Residence in Baltimore: No. 1315 W. Mulberry St.; 57 yrs. ... mos. ... da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feby 27 14 (Month) (Day) 1846 (Year)

7-AGE, 69 yrs. 10 mos. 6 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Police 75
(b) General nature of industry, business, or establishment in which employed (or employer): Captain

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Martha E. C. Baker

(Address) 1315 W. Mulberry St.

15- JAN 3 - 1916 Filed ....., 191.... Registrar.

HARRY O. ANDREWS, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 191 5, to Jan 191 6, that I saw h— alive on Jan. 2 191 6, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma - spine - Lum
Cause of Diagnosis
(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Myocarditis
(Duration) ... yrs. ... mos. 1 ds.

(Signed) J Frederick Lee M. D.

Jan 3, 1916. (Address) 2040 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Jany 5, 1916.

20-UNDERTAKER E. M. Mitchell & Co ADDRESS 201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90924 C90924

CERTIFICATE OF DEATH.

115

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 John St. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Frank Tucker

(Residence in Baltimore: No. 1601 John St. St.; 30 yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 1st (Month) (Day), 1844 (Year)

7-AGE,	If LESS than 1 day,
71 yrs. 9 mos. 2 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Atty. at Law.
(b) General nature of industry, business, or establishment in which employed (or employer): 764

9-BIRTHPLACE, (State or Country), A. A. Co. Md.

PARENTS.

10-NAME OF FATHER, Wm. Tucker

11-BIRTHPLACE OF FATHER (State or Country), A. A. Co. Md.

12-MAIDEN NAME OF MOTHER Rachel Laughlin

13-BIRTHPLACE OF MOTHER (State or Country), A. A. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Benj. C. Tucker

(Address) 105 E. 25th St.

15- JAN 3 - 1916 CLERK OF ANNUITIES

Filed....., 191.... Marial Formit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 1915, to Jan 2 1916, that I saw h[illegible] alive on Jan 1 1916, and that death occurred, on the date stated above, at 23 A m.

The CAUSE OF DEATH* was as follows:

Abscess of Liver

(Duration) yrs. 2 mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Marie Estelle Ingram M. D.

Jan 3, 1916. (Address) 2437 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, All Hallows A. A. Co. Md. DATE OF BURIAL, Jan 4th, 1916.

20-UNDERTAKER Camp Parole ADDRESS

E. M. Mitchell & Co 1211 N. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90925

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C90925

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 854 S. Bond ST. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Kaczar

(Residence in Baltimore: No. 854 S. Bond St.; yrs. 9 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH March 24, 1915 (Month) (Day) (Year)

7-AGE yrs. 9 mos. 10 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE (State or country) Bad City

PARENTS

10-NAME OF FATHER Daniel Kaczar

11-BIRTHPLACE OF FATHER (State or country) Austria

12-MAIDEN NAME OF MOTHER Tekla Sapka

13-BIRTHPLACE OF MOTHER (State or country) Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna Kaczar,

(Address) 854 S. Bond St.

15. JAN 3 - 1916 Filed, 191 ROBERT O ARCHER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 3, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1916, to Jan 3 1916, that I saw h or alive on , , 1916, and that death occurred, on the date stated above, at 3 m.

The CAUSE OF DEATH* was as follows:

Pneumonia-Lobar

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A. J. Riedman M. D.

Jan 3, 1916 (Address) 918 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St. Stanislaus | DATE OF BURIAL Jany 4th, 1916.

20-UNDERTAKER M. F. Sadowski | ADDRESS 705 S. Ann

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

LeRoy D. Farnham.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90926 — x 64 — C90926

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr LeRoy D Farnham

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., mos. 3 Nov ds.)

CAUSE OF DEATH: In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, ... July (Month) 24 (Day), 1850 (Year)

7-AGE, 65 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Enos S. Farnham

11-BIRTHPLACE OF FATHER (State or Country), N.Y.

12-MAIDEN NAME OF MOTHER, Clarissa Divine

13-BIRTHPLACE OF MOTHER (State or Country), N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. F. Thompson

(Address) Binghamton N.Y.

15- ROBERT . KRAUTER
Filed JAN 4 - 1916 191.. Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 3rd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1916, to Jan 3rd 1916, that I saw him alive on Jan 3rd 191., and that death occurred, on the date stated above, at 9.5 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) About 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Coma -

(Duration) yrs. mos. 1 ds.

(Signed) Paul A. Clough M. D.

Jan 3, 191.6 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 3 hours yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? New York.

Former or usual residence Binghamton N York

19-PLACE OF BURIAL OR REMOVAL. Binghamton N. Y. DATE OF BURIAL, Jan. 4..., 1916

20-UNDERTAKER Elliott E Fuller ADDRESS 221 N Eutaw

Edith Straud.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90927 — 92 — C90927

REGISTERED No. C

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1343 Pennsylvania Ave St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Editte Straud

(Residence in Baltimore: No. 1343 Pennsylvania Ave St. 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 24 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework, 877
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: George Rawleigh

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Maggie Straud

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Henderson

(Address) 1421 Fremont Ave

15-JAN 4 - 1916 Filed ..., 191 C. HART KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 1 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1915, to Jan 1 1916, that I saw h alive on Jan 1, 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

La Grippe & Gastritis

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Senile Pneumonia.

(Duration) yrs. mos. 3 ds.

(Signed) J. F. McElwee M. D.

Jan 4, 1916 (Address) 805 W. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Enamock Accomac Co. Va.

DATE OF BURIAL: Jan 4, 1916.

20-UNDERTAKER: J. Henry Smith

ADDRESS: 706 N Fremont Ave

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90928 — 64 — C90928

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 412 E Oliver ST.; 12 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Francis M. Timmins

(Residence in Baltimore: No. 412 E Oliver St.; 16 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, ... (Month) May 18 (Day) ....., 1849 (Year)

7-AGE, 66 yrs. 4 mos. 15 ds.
If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 31
(b) General nature of industry, business, or establishment in which employed (or employer)..... Machinist

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Edwards Timmins

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Mary C Schuberg

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Geo F Thomas
(Address) 412 E Lanvale

15-
Filed JAN 4 - 1916 ROBERT . BRADDEN, 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Jan 3d 1916, that I saw h m alive on Jan 2d 1916, and that death occurred, on the date stated above, at 1 a m.
The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 5 yrs. ..... mos. ..... ds.

(Signed) Wm P Lucas M. D.

Jan 3., 1916 (Address) 5 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lincoln Cemetery DATE OF BURIAL Jan 7., 1916

20-UNDERTAKER W Cook ADDRESS 502 E Mont

Spec.—5-19-13—M. & T.—500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

(90529) (90529)

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2206 Eastern Ave ST.; 1st WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary K. Faber

(Residence in Baltimore: No. 2206 Eastern Ave St.; 26 yrs. 11 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan (Month) 29 (Day), 1889 (Year)

7-AGE, 26 yrs. 11 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER. Frederick D. Faber

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Emma Coleman

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr F. D. Faber
(Address) 2206 Eastern Ave

15-Filed JAN 4 - 1916, 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 23 1915, to Jan 2 1916, that I saw h[illegible] alive on [illegible] 2 1916, and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia Edema of Pharynx

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Endocarditis Fulminans

(Duration) ... yrs. ... mos. 1 ds.

(Signed) [illegible] M. D.

1/7/16, 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, Jan 6, 1916

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern A[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90930 C90930

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

8

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1033 Argyle Ave. St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Elizabeth E. Tilghman

(Residence in Baltimore: No. 1033 Argyle Ave. St.; 59 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: (Month) (Day) 1876 (Year)

7-AGE: 39 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Thos Brown

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Elizabeth Smith

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. E. Tilghman

(Address) 1033 Argyle ave

15- JAN 4 - 1916 ROBERT J. KRAUSE Burial Permit Clerk

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 1 (Month) (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1915, to Jan 1 1916, that I saw her alive on Jan 1 1916, and that death occurred, on the date stated above, at 6 3/4 m.

The CAUSE OF DEATH* was as follows:

Abdominal Fistula

(Duration) — yrs. 9 mos. — ds.

Contributory (SECONDARY) of pendicitis

(Duration) — yrs. — mos. — ds.

(Signed) Edward J. Mullally M. D.

Jan 2 1916 [Address] 1230 S. Hanover

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Jan 4, 1916

20-UNDERTAKER: John H. Soadner — ADDRESS: 142 W Fleet

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C90931 — CERTIFICATE OF DEATH — 28 C90931

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1021 N Wolfe ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Wagner

(Residence in Baltimore: No. 1021 N Wolfe St.: yrs. 9 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	married

6-DATE OF BIRTH March 11th 1875
(Month) (Day) (Year)

7-AGE 40 yrs. 9 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Glass Blower 239
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore md.

PARENTS

10-NAME OF FATHER John Wagner

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Rose Klaeman

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Marie Wagner

(Address) 921 N. Wolfe st

15 Filed JAN 4 1916 ROBERT E. KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 2, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 6th, 1914, to Jan 2nd 1916. that I saw h[illegible] alive on Jan 2nd, 1916. and that death occurred, on the date stated above, at 12.15 A m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(Duration) 4 yrs. mos. ds

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) J. E. Poulton M. D.
Jan 3rd 1916 (Address) 615 Columbus Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Oak Lawn Cem — DATE OF BURIAL Jan 4 1916

20-UNDERTAKER John Hennegan & Co — ADDRESS 2008 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

C90932

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90932

CERTIFICATE OF DEATH.

18 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Ridgely ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Buson Watts

(Residence in Baltimore: No. 1120 Ridgely St.: 1 J yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown (Month), (Day), 1872 (Year)

7-AGE, 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 251
(b) General nature of industry, business, or establishment in which employed (or employer): Glass House

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Watts

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Juliann Anna Watts

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Watts

(Address) 1120 Ridgely St

15- Filed JAN. 4 1916 ROBERT T. GRADY, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 1st (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 31 1915, to Jan 1 1916, that I saw him alive on Dec 31 1915, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Erysipelas

Cerebral (Duration) 20 yrs. 10 mos. 7 ds.

CONTRIBUTORY (Secondary) Mucocystitis (Duration) yrs. mos. 1 ds.

(Signed) Raymond J Adams M. D.

Jan 2, 1916 (Address) 847 Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Glenburnie Md — DATE OF BURIAL, Jan 4, 1916.

20-UNDERTAKER, Jos D Cook — ADDRESS 100 Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Angelina Marsella.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90933

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C 90933

CITY OF BALTIMORE: (No. 3127 Philadelphia Ave ST., 16th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelina Marsella

(Residence in Baltimore: No. 3127 Philadelphia Ave St.; ...yrs., 9 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug. (Month) 15 (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 4 mos. 14 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Philada. Pa.

PARENTS.

10-NAME OF FATHER, Olimpio Marsella

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Katie Francesso

13-BIRTHPLACE OF MOTHER (State or Country), Phila. Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Olimpio Marsella

(Address) 3127 Philada Ave.

15- JAN 4 - 1916 Filed ..., 191... ROBERT ... Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to Jan 1st 1916, that I saw h.. alive on Jan 1st 1916, and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ...yrs. ...mos. 3 ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Elijah J. Chaney M. D.

Jan 3rd, 1916 (Address) U.S.M. Station 7th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent	Jan. 4th, 1916
20-UNDERTAKER	ADDRESS
Vandell Lippel & Son	330 S. Bond St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C30934

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C30934

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3618 Elm Ave/ St.: 13 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M' Stinchecum

(Residence in Baltimore: No. 3618 Elm Ave. St.; 35 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH ..... (Month) 17 (Day), 1843 (Year)

7-AGE 72 yrs. 4 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Invalid
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Nicholas Benson

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Debora Merrick

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Emma Cox

(Address) 3618 Elm Ave.

15 JAN 4 - 1916 ROBERT . KRAUSE, Burial Permit Clerk

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan. (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1915, to Jany 1 1916, that I saw h.r alive on Jany 1 1916 and that death occurred, on the date stated above, at 1020 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency (Chronic)

(Duration) yrs 10 mos. ds.

Contributory (SECONDARY) Dropsy

(Duration) yrs 2 mos. 10 ds.

(Signed) ..... M. D.

Jany 2, 1916. [Address] 865 N. 36th

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL St. Mary's Cemetry Hampden — DATE OF BURIAL Jan. 4th, 191 .....

20-UNDERTAKER A.S.Marshall — ADDRESS 3539 Falls Road

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 30935 6 C 30935

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1432 Carroll ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A Creighton

(Residence in Baltimore: No. 1432 Carroll St St.; 2 yrs., mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec (Month) 8 (Day), 1913 (Year)

7-AGE, 2 yrs. 26 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry Creighton

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah Lebon

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Creighton

(Address) 1432 Carroll St.

15- JAN 4 - 1916 Filed....., 191.... ROBERT J. KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1915, to Jan 3 1916, that I saw h[illegible] alive on 1/2 1916, and that death occurred, on the date stated above, at 7 4 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration)....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary) Measles

(Duration)....yrs....mos. 5 ds.

(Signed) Thos. Linwood Dawson M. D.

Jany 3, 1916. (Address) 1227 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem, DATE OF BURIAL, Jan 4, 1916

20-UNDERTAKER John Howard Son ADDRESS 901 Hollins St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90936

CERTIFICATE OF DEATH.

C90936

37

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Geppi

(Residence in Baltimore: No. 513 W. Saratoga St.: 20 yrs., mos., da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 13 (Day), 1867 (Year)

7-AGE, 48 yrs. 7 mos. 21 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Produce Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Joseph Geppi

11-BIRTHPLACE OF FATHER (State or Country). Italy.

12-MAIDEN NAME OF MOTHER dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Gaetana Geppi

(Address) 513 W. Saratoga St.

15- JAN 4 - 1916 Filed....., 191.... EDWARD J. GRADY, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1915, to Jan 3 1916, that I saw him alive on Jan 3, 1916, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Syphilis

(Duration) 4 yrs. mos. da.

CONTRIBUTORY (Secondary) Acute Edema of Lungs.

(Duration) yrs. mos. 1 da.

(Signed) M. B. Levin M. D.

Jan 3., 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 5 da. In the State 16 yrs. mos. da.

Where was disease contracted, if not at place of death? 513 W. Saratoga

Former or usual residence 513 W. Saratoga

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Jan 5th 1916

20-UNDERTAKER George J. Ruth. — ADDRESS 1735 Harford Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1307 N Woll ST.: 8 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Evans L Deckman

(Residence in Baltimore: No. 1307 N Woll St.: yrs., mos. 14 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 16th (Day), 1838. (Year)

7-AGE, 77 yrs. 8 mos. 18 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer ret'd
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Md

PARENTS.
10-NAME OF FATHER, Henry Deckman
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER, Jenie Harman
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Etta Vandenicker
(Address) 1307 N Woll St

15- JAN 4 - 1916 ROBERT . GRADLER,
Filed ....., 191.... Asst. Chief Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 3rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.... death on the day stated above.
The CAUSE OF DEATH* was as follows:
Organic Heart Disease
(Duration) ....yrs. ....mos. ....da.
CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....da.
(Signed) Edwin A. Kessell M. D.
(Coroner)
Jan 4th, 1916 (Address) 134 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....da. In the State....yrs....mos....da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Conowingo Md — DATE OF BURIAL, 1—5th, 1916

20-UNDERTAKER E & B Harle — ADDRESS 115 E Mt St

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C30538 C30538

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. L. Hughes

(Residence in Baltimore: No. 1139 E. Sharp St St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
32 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Shoe finisher
(b) General nature of industry, business, or establishment in which employed (or employer) ... Factory

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Edward Hughes

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Catherine Gaierty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed JAN 4 1916 191... ROBERT F. GRAETER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10 1915, to January 3 1916, that I saw h... alive on January 3 1916, and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

Pulmonary Tuberculosis

..... (Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

..... (Duration) 1 yrs. ... mos. ... ds.

(Signed) R. D. McClure M. D.

Jan 3, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 25 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence 1139 E. Sharp St

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Jan 4, 191...
20-UNDERTAKER W. J. M. Flynn	ADDRESS 1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90939 C90939

CERTIFICATE OF DEATH.

1 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warren Lawins

(Residence in Baltimore: No. Fort Ave + Burroughs St. Locust Pt.; 19 yrs., 11 mos. 13 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 19, 1896
(Month) (Day) (Year)

7-AGE, 19 yrs. 11 mos. 13 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 246
(b) General nature of industry, business, or establishment in which employed (or employer): Painting

9-BIRTHPLACE, (State or Country) Md.

PARENTS.

10-NAME OF FATHER, Geo. Lawins.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maggie Tapp.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C Cullen

(Address) Johns Hopkins Hosp.

15 JAN 4 1916 ROBERT F. KRAUTER, STATE REGISTRAR OF VITAL STATISTICS
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1915, to Jan 1 1916, that I saw h alive on Jan 1 1916, and that death occurred, on the date stated above, at 11½ a. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever. Perforation & Intestines

(Duration) yrs. 1½ mos. da.

CONTRIBUTORY (Secondary) Pupra of Lung

(Duration) yrs. mos. 1 da.

(Signed) C. P. Mason M. D.

Jan 1, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 18 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Fort Ave + Burroughs St

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Jan. 4, 1916

20-UNDERTAKER H. J. M. D. Flynn — ADDRESS 1422 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90540 C90540

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Sowman ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Robert Gibson

(Residence in Baltimore: No. 1405 Sowman St.; 40 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb (Month) 14 (Day), 1874 (Year)

7-AGE, 41 yrs. 10 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ironworker 374
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Cherry

(Address) 1518 Light St.

15- JAN 4 - 1916 Filed, 191 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1915, to Jan. 1st 1916, that I saw h im alive on Dec. 31st 1915, and that death occurred, on the date stated above, at 1400 m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. ds.

(Signed) Maurice Jones M. D.

Jan 4, 1916. (Address) 423 S. Fort m

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery DATE OF BURIAL, Jan 5, 1916

20-UNDERTAKER H. F. & M. D. Flynn ADDRESS 424 Light

C90941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 223 E Heath St ST. 24 WARD)

REGISTERED No. C90941

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie C Cook

(Residence in Baltimore: No. 223 E Heath St. 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 5 (Day), 1872 (Year)

7-AGE, 43 yrs. 6 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Adam Poems

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sarah Downey

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A G Geopherson

(Address) 223 E Heath St

15- FILED JAN 4 - 1916 ROBERT J. KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

Jan 3 1916 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Pk Cem	Jan 5, 1916
20-UNDERTAKER	ADDRESS
J. Fow McNally	39 E. Fort

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C30942 C30942

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Howard A. Kelly Hosp. Inc. 40

CITY OF BALTIMORE: (No. 1418 Eutaw Place ST.; 14 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Harry F. McCorkle

(Residence in Baltimore: No. 1418 Eutaw Place St.; ....yrs. 4 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 10, 1864 (Month) (Day) (Year)

7-AGE, 41 yrs. 3 mos. 24 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: 666
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Furniture

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Wm A McCorker

11-BIRTHPLACE OF FATHER (State or Country) Va

12-MAIDEN NAME OF MOTHER Emma McMaster

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret McCord

(Address) Asheville N C

15-JAN 4 - 1916 ROBERT , REGISTRAR
Filed....., 191.... Burial Permit Issued
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1915, to Jan 4 1916, that I saw h[im] alive on Jan 4 1916, and that death occurred, on the date stated above, at 11.10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Metastasis to glands & liver

Exhaustion & coma

Duration—Total (Duration) Several years. yrs. mos. ds.

CONTRIBUTORY. Secondary Carcinomatosis

(Secondary) (Duration) 4 yrs. mos. 1 ds.

(Signed) Wm H. Welch Jr. M. D.

Jan. 4, 1916 (Address) 1418 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 23 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Asheville N C

19-PLACE OF BURIAL OR REMOVAL, Asheville NC | DATE OF BURIAL, Jan 6, 1916

20-UNDERTAKER W. T. Newman Son | ADDRESS Norfolk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C30943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 C30943

8

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelson M. Hinton

(Residence in Baltimore: No. 2204 Eager Place St.; yrs., 6 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 6 (Day), 1915 (Year)

7-AGE, — yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or.....mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wilson R Hinton

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Nell Harris

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Nell Hinton
(Address) 2204 Eager Place

15- JAN 4 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 4th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Accidental Burns 5 and 6 degree (Duration) Dec 31st 1915 yrs.....mos.....ds.

(Signed) Elijah J. Russell M. D.
(Coroner.)
Jan 4th, 1916 (Address) 1516 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs. 2 mos.....ds. In the State....yrs. 6 mos. 28 ds.
Where was disease contracted, if not at place of death? 2204 Eager Place
Former or usual residence 2204 Eager Place

19-PLACE OF BURIAL OR REMOVAL Baltimore Cemetery
DATE OF BURIAL, Jan 6, 1916
20-UNDERTAKER William Cook
ADDRESS 502 E North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90944 C90944

CERTIFICATE OF DEATH

1-PLACE OF DEATH Bidder's Sellman Hospital REGISTERED No. C

CITY OF BALTIMORE (No. 8 St. 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 11.)

2-FULL NAME Philip A. Fuller

(Residence in Baltimore: No. Bidder & Sellman Sanatorium St.; yrs. mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH ..... Unknown ....., 1861
(Month) (Day) (Year)

7-AGE 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Hotel Proprietor 830
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Maryland

PARENTS

10-NAME OF FATHER Philip A Fuller

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W Thomas Nelson

(Address) 1103 N Fulton Ave

15 Filed JAN 4 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH ..... January 4 , 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 , 1915 , to Jan 4 1916 , that I saw him alive on Jan 4 , 1916 , and that death occurred, on the date stated above, at 5a , m.
The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(Duration) 1 yrs. 2 mos. 7 ds

Contributory (SECONDARY) Pneumonia

(Duration) 9 yrs. mos. 8 ds.

(Signed) J Herman Nelson M. D.

Jan 4, 1916 (Address) 1103 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 18 ds. In the State ..... yrs. ..... mos. 28 ds.

Where was disease contracted, if not at place of death? Old Point Comfort Va

Former or usual residence Old Point Comfort Va

19-PLACE OF BURIAL OR REMOVAL Old Point Comfort — DATE OF BURIAL 1-5 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90945 92 C90945

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 429 N. Exeter St ST.; 5 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Maasberg

(Residence in Baltimore: No. 429 Exeter St. St.; 39 yrs., 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May 24, 1876 (Month) (Day) (Year)

7-AGE, 39 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Gustav Maasberg

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Pauline Fischer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) by Pauline Maasberg

(Address) 836 Augusta St.

15- Filed JAN 4 - 1916 191.... ALBERT L. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 3 1916, that I saw h[illegible] alive on Jan 3 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration)....yrs....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) E. Wolman M. D.

Jan 4, 1916. (Address) 165 Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Immanuel Cemet. DATE OF BURIAL, Jan. 6., 1916

20-UNDERTAKER Louis Heemann ADDRESS 328 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90946

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 111 Mt. Clare Alley ST. 14 WARD) 120

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Crehan

(Residence in Baltimore: No. 111 Mt Clare Alley 45 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, March (Month) 6th (Day); 1863 (Year)

7-AGE, 52 yrs. 9 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Street Sweeper

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).. Nora Crouse

(Address). 111 Mt Clare Alley

15- JOSEPH . REGISTER,
Filed JAN 4 - 1916 191. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 8rd (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)

(Duration)..... yrs..... mos..... ds.

(Signed) Sam'l Lundberg M. D. (Coroner.)

Jan. 4th, 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Peters. DATE OF BURIAL, Jan 5....., 1916.

20-UNDERTAKER John J. Corran, ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

C90947

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90947

CERTIFICATE OF DEATH.

C90947

1-PLACE OF DEATH Old aged Home

CITY OF BALTIMORE, (No. 111 Eutaw St., 5 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mendel Zeltzer (Zeltzer)

(Residence in Baltimore: No. 111 Ainsquith St; 10 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Mall	White	Widower

6-DATE OF BIRTH, Unkon (Month) (Day) 183? (Year)

7-AGE, 84 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: ~~Rag Mfg~~ Rag Picker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unkon

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unkon

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1419 E Balto St

15- Filed JAN 4 1916, 191[illegible] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1913, to Dec 29 1915, that I saw h in alive on Dec. 29 1915, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Arteriosclerosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. 2 mos. ds.

(Signed) H. L. Nicholson M. D.

Jan. 4, 1916 (Address) 1420 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. mos. ds. In the State 10 yrs. mos. ds.

Where was disease contracted, if not at place of death? 111 Ainsquith St

Former or usual residence 14 S. Eden st

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, Jan. 4, 1916

20-UNDERTAKER Jack Leurb — ADDRESS 1419 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C90948

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Garlett Franklin

(Residence in Baltimore: No. 1524 E. Monument St St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Black	Widower

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1853 (Year)

7-AGE,	If LESS than 1 day,
63 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer (General) 243
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Cassie Franklin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital.

15- Filed JAN 4 1916 191.. HARRY O. ARLANDS, CITY REGISTRAR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 30 1915, to January 3 1916, that I saw him alive on January 3 1916, and that death occurred, on the date stated above, at 7 15 p.m.

The CAUSE OF DEATH* was as follows:,

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Paul R Edwards M. D.

Jan. 4, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 63 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 1524 E. Monument St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Jan 6, 1916
20-UNDERTAKER Samuel J Kennedy	ADDRESS 518 N Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90949

CERTIFICATE OF DEATH.

40

C90949

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME James McDonald.

(Residence in Baltimore: No. 812 E. Pratt St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 243

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Rielly

(Address) Johns Hopkins Hosp.

15-

Filed JAN 4 1916 191. HARRY O. ANDREWS, Registrar.

Burial Permit No. 1-500

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1915, to Jan. 1, 1916, that I saw h me live on Jan. 1, 1916, and that death occurred, on the date stated above, at 7 40 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Autopsy Yes

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ....yrs. 2 mos. ....ds.

(Signed) Mont R. Reid, M. D.

Jan 4, 191. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 812 E. Pratt St

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL JAN 4 1916, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90950 C90950

CERTIFICATE OF DEATH. 120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 3 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Mealey (Meade)

(Residence in Baltimore: No. 1522 Fleet St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ..., 1.....
(Month) (Day) (Year)

7-AGE, 28 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waitress
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Gallys

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Stella Gallys

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Mercy Hosp

(Address) Calvert St.

15- Filed JAN 4 - 1916, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 28 1915, to Dec 30 1915, that I saw h[illegible] alive on Dec 30 1915, and that death occurred, on the date stated above, at 5:00 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Duration yrs. mos. ds.

(Signed) [illegible] M. D.

Dec 31, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 1 yrs. 5 mos. — ds.

Where was disease contracted, if not at place of death? 1522 Fleet St.

Former or usual residence 1522 Fleet St.

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL, ..., 191...
JOHNS HOPKINS HOSPITAL	JAN 5 1916
20-UNDERTAKER	ADDRESS

Commissioner Health.

WM. H. WOOBELL.

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90351 HEALTH DEPARTMENT—CITY OF BALTIMORE C90351

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Koerner

(Residence in Baltimore: No. 222 N Chapel St St.; ....yrs., ...mos. ....da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH, July (Month) 6 (Day), 18[illegible] (Year)

7-AGE, 73 yrs. 5 mos. 27 da. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Sebastian Koerner.

11-BIRTHPLACE OF FATHER (State or Country), Ger.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna M. Koerner.

(Address) 222 N. Chapel St

15-

Filed JAN 4 1916, 191... HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 22 1915, to January 2 1916

that I saw h[illegible]m alive on January 1 1916

and that death occurred, on the date stated above, at 5 20 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

about 3 (Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Prostatic Hypertrophy ?

Cystitis ? (Duration) 2 yrs. ....mos. ....da.

(Signed) J. M. Vinton Jr. M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 222 N Chapel St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cem	Jan. 5, 1916

20-UNDERTAKER	ADDRESS
Tilly & Feile	403 E Fayette St

Spec.—8-24-14—M. & T.—20M Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90252 85 C90252

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1233 Patapsco ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Neisser

(Residence in Baltimore: No. 1233 Patapsco st. St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Married

6-DATE OF BIRTH, Apr. (Month) 14 (Day), 1844 (Year)

7-AGE, 71 yrs. 8 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Produce 655
(b) General nature of industry, business, or establishment in which employed (or employer): dealer.

9-BIRTHPLACE, (State or Country). Balto.Co. Md.

PARENTS.

10-NAME OF FATHER. Geo.Neisser

11-BIRTHPLACE OF FATHER (State or Country). Balto.Co. Md.

12-MAIDEN NAME OF MOTHER Mary Gamble

13-BIRTHPLACE OF MOTHER (State or Country). Balto.Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Neisser

(Address) 1229 Patapsco.ST.

15- JAN 4 - 1916 HARRY O. ANDREWS, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan.3/16 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept.11/15 191, to Jan.3/16. 191, that I saw him alive on Jan.3/16 191, and that death occurred, on the date stated above, at 12.15P m.

The CAUSE OF DEATH* was as follows:

CARDIAC ARRHYTHMIA.
with Hypertrophy.
(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (Acute)
(Duration) yrs. mos. 3 ds.

(Signed) [signature] M. D.
Jan.3/16 191.. (Address) 933 Hanover st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	Jan 6th, 1916.
20-UNDERTAKER George Schilling & Son	ADDRESS 1126 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90953

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90953

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 908 N Castle St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Tavrinec

(Residence in Baltimore: No. 908 N Castle St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. ..Unknown.., 1 ..
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
46 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work ... Tailor (Factory)
(b) General nature of industry, business, or establishment in which employed (or employer) ... 482

9-BIRTHPLACE. (State or Country). Austria

PARENTS.

10-NAME OF FATHER. Michael Tavrinec

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Tavrinec

(Address) 908 N Castle St

15- Dated JAN 4 - 1916, 191 ... Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 2nd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Laryngeal Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edgar A. Kincaid M. D.
(Coroner)

Jan 3rd 1916 (Address) 614 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cem	Jan 5, 1916
20-UNDERTAKER	**ADDRESS**
Geo M. Frank	811 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C90954 C90954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 E Randall ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Selena Lowery

(Residence in Baltimore: No. 208 E Randall St

St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 3, 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Daniel Maddison

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Susan Crandell

13-BIRTHPLACE OF MOTHER (State or Country), St. Mary's Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence A Lowery

(Address) 208 E Randall St

15-JAN 4 - 1916 HARRY O ANDREWS, Filed ..., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 3rd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Jan 3rd 1916, that I saw h[illegible] alive on Jan 2nd 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. 2 mos. ds.

(Signed) J. F. Hawkins M. D.

1-5-1916 (Address) 1 E Randall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Jan 6, 1916

20-UNDERTAKER J T Cook — ADDRESS 502 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90955 C90955

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1710 Thames ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Kluczik

(Residence in Baltimore: No. 1710 Thames St. St.: 3 yrs. 8 mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 3 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Constanty Kluczyk

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Josefa Brush

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Konstantine Kluczyk

(Address) 1710 Thames

15- Filed JAN 4 - 1916, 191..., Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Jan 4 1916, that I saw h[im] alive on Jan 3 1916, and that death occurred, on the date stated above, at 12a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Ord Tuberculosis Pulmonum

(Duration) yrs. mos. 1 ds.

(Signed) W. J. Reinhardt M. D.

1-4-, 1916. (Address) 1008 Fallsway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus, DATE OF BURIAL, Jany 5, 1916

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann St

Spec.—5-19-13—M. & T.—500 Blks.

C90956

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90956

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3666 Ash St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Skinner (Skinner)

(Residence in Baltimore: No. 3666 Ash St.; Life mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 14 (Day), 1872 (Year)

7-AGE, 43 yrs. 8 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife +
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balt. Md

PARENTS.

10-NAME OF FATHER, John Jeffries

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Oerkum

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. A. Skinner

(Address) 3666 Ash St

15- Filed JAN 4 - 1916, 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 3 1916, that I saw h.. alive on Jan 3 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) nephritis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) C. F. Stamper M. D.

1-7, 1916 (Address) 2707 Reisterstown

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden

DATE OF BURIAL, Jan. 6., 1916

20-UNDERTAKER Chenow & Son

ADDRESS Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90957 C90957

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C 120

CITY OF BALTIMORE: (No. 2359 Frederick Ave ST.; 20 (Shamberg) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Shomburg

(Residence in Baltimore: No. 2359 Frederick Ave St.; 47yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Married

6-DATE OF BIRTH, Dec 30, 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hair Spinner 463
(b) General nature of industry, business, or establishment in which employed (or employer): Hair Factory

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Conrad Shomburg

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Katherine Shomburg

(Address) 2359 Frederick Ave

15- Filed JAN 4 - 1916, 191.... MARY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1915, to January 1 1916, that I saw him alive on January 1 1916, and that death occurred, on the date stated above, at 7 40 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Theo Thos A Cat M. D.

Jan 4, 1916. (Address) Garrison Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	Jan. 5, 1916.
20-UNDERTAKER	ADDRESS
John J. Field	1200 Fremont Ave

C90558

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

C90558

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. In bakery at the cor. of Carey and Laurens streets, ST. 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Pennington,

(Residence in Baltimore: No. 640 W. Lexington street. St.; yrs. Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male,	White,	Single,

6-DATE OF BIRTH, August (Month) 2nd (Day), 1857. (Year)

7-AGE, 58 yrs. 5 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engine man in
(b) General nature of industry, business, or establishment in which employed (or employer): steam bakery.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Jacob Pennington,

11-BIRTHPLACE OF FATHER (State or Country) Germany,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Robinson, frieni,

(Address) Maryland ave., Westport.

15. JAN 4 - 1916 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk & Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 2nd. (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis,

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) H. Bruce Kemp M. D.
(Coroner.)

Jan. 4th., 191.6 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cemetery	Jan 5th, 1916

20-UNDERTAKER John J. Fields ADDRESS 1200 W. Lombard

FILE COPY

Spec.—8-24-14—M. & T.—2000 Bks.

C90959

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90959

CERTIFICATE OF DEATH.

31

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Edmondson Ave St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Walker

(Residence in Baltimore: No. 1818 Edmondson Ave St.; 47 yrs., 2 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 2 (Day), 1868 (Year)

7-AGE, 47 yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Patrick Samuels

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Mary Stanton

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Samuels

(Address) 1818 Edmondson Av

15-

Filed JAN 4 1916, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 4th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 27th 1915, to Jan 4th 1916, that I saw h[er] alive on Jan 4th 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

.....

.....

..... (Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Intermuscular Peri-Nephritis (Duration) — yrs. — mos. 12 ds.

(Signed) Silas Baldwin M. D.

Jan 4th, 1916 (Address) 700 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral	Jan 7, 1916
20-UNDERTAKER Williams Cook	ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

K O D A K

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90960

C90960

CERTIFICATE OF DEATH.

× 108

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fernie Fridinger

(Residence in Baltimore: No. University Hosp St.; ..... yrs., ... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... unknown ....., 1897.
(Month) (Day) (Year)

7-AGE, ... 18 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Adam Fridinger

11-BIRTHPLACE OF FATHER (State or Country), Unk

12-MAIDEN NAME OF MOTHER Mary Yingling

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Fridinger

(Address) Manchester Md

15- Filed JAN 4 - 1916, 191.... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

over

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan ..... 1 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1915, to Jan 1 1916, that I saw h[illegible] alive on Jan 4 1916, and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

..... General Peritonitis

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) ..... Acute Appendicitis

..... (Duration) ..... yrs. ..... mos. 12 ds.

(Signed) ..... W Houston Pearson M. D.

Jan. 4..., 191..6 (Address) ..... University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Manchester, Md

19-PLACE OF BURIAL OR REMOVAL. Greenmount Md

DATE OF BURIAL. Jan 6.., 1916

20-UNDERTAKER Jos F Bokey & Sons

ADDRESS 318 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90561 C90561

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Laura Gomas

(Residence in Baltimore: No. Woman's Hospital St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Jan (Month) 31 (Day), 1864 (Year)

7-AGE,	If LESS than 1 day,
51 yrs. 11 mos. 4 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Harford Co. Md

PARENTS.

10-NAME OF FATHER, Benton Nelson

11-BIRTHPLACE OF FATHER (State or Country), Harford Co, Md

12-MAIDEN NAME OF MOTHER Sallie Sarvell

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gomas

(Address) Woman's Hosp

15- Filed JAN 4 1916 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1916, to Jan 4 1916, that I saw h.s alive on Jan 4 1916, and that death occurred, on the date stated above, at 10:30 p.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

..... (Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Post Operative Shock

..... (Duration) ..... yrs. ..... mos. 4 hrs ds.

(Signed) A. P. Jones M. D.

Jan 4, 1916. (Address) Womens Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Harford Co Md.

Former or usual residence Harford Co Md.

19-PLACE OF BURIAL OR REMOVAL, Forrest Hill Md. DATE OF BURIAL, Jan 5, 1916

20-UNDERTAKER Harford County Wm Cook ADDRESS 572 North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C 104

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 823 Peach Alley St.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Oscar Waters

(Residence in Baltimore: No. 823 Peach Alley St.; yrs., Life mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, April (Month) 14 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
yrs. 8 mos. 21 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER, Oscar Waters

11-BIRTHPLACE OF FATHER (State or Country), Cambridge Md

12-MAIDEN NAME OF MOTHER Sarah Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar Fisher

(Address) 823 Peach Alley

15- JAN 5 - 1916, 191 ROBERT J. BRADLEY, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis Acute

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Edw Gruenbaum M. D.
(Coroner.)

Jan. 4, 1915 (Address) 517 Scott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Md	Jan 5, 1916
20-UNDERTAKER	ADDRESS
C L Brown & Son	108 W. Monroe

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

090983

CERTIFICATE OF DEATH.

91 090983

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 650 N. Fulton ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Artis Roelle Stewart

(Residence in Baltimore: No. 650 N Fulton ave St.: 13 yrs., 5 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 5 (Day), 1902 (Year)

7-AGE,	If LESS than 1 day,
13 yrs. 5 mos. 23 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer): Grade

9-BIRTHPLACE, (State or Country), Artis Balto

PARENTS.

10-NAME OF FATHER, Charles J Stewart

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rhoda Roelle

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas J Stewart

(Address) 650 N Fulton ave

15- Filed JAN 5 - 1916, 191.... ROBERT . BRADTAN, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Jan 3 1916, that I saw h[er] alive on Jan 3 1916, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Catarrhal Pneumonia

(Duration) ....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary) Acute toxemia collapse

(Duration) ....yrs....mos. 1 ds.

(Signed) H B McCarty M. D.

Jan 4, 1916. (Address) 314 W Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park Cem	Jan 5, 1916
20-UNDERTAKER W J Howard Jr	ADDRESS Norchan

Dr McCarty 314 W Pratt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90964 C90931

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Chaney

(Residence in Baltimore: No. 1329 Harford Rd. St.; 10 yrs., 3 mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 30, 1846
(Month) (Day) (Year)

7-AGE, 69 yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Edward Chaney

(Address). 132 E. Hart Land Ave

15- Filed JAN 5 - 1916, 191. ROBERT J. BRADHAM, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1915, to Jan 4 1916, that I saw h-er alive on Jan 4 1916, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix Uteri

and Adenopathia with Toxaemia

Chronic Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Ch. Tub. Peritonitis

(Duration) yrs. 3 mos. ds.

(Signed) Ernest M. J. Ries, M. D.

Jan 7, 1916 (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 7 ds. In the State 69 yrs....mos. 1 ds.

Where was disease contracted, if not at place of death? 1329 Harford Rd

Former or usual residence 1329 Harford Rd

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Jan 7, 1916

20-UNDERTAKER Robert J. Turner

ADDRESS Broadway & Fleet St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90965

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90965

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 505 Robert street, ST. 14 WARD)

REGISTERED No. C 80

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Smith,

(Residence in Baltimore: No. 505 Robert street, St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, ...Unknown,.... (Month) ...., (Day) /..... (Year)

7-AGE, 50 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife,.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Moses Smith,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER ? ? Smith,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...Annie Gough, cousin,.....

(Address)....520 Laurens street.....

15- JAN 5 - 1916 Filed....., 191.... ROBERT . KRAUTAS. Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...January.....31....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an...inquiry.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.)
.inquiry...find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

.....Angina Pectoris,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) H. Frederick Stumpf M. D.
(Coroner.)

Jan. 4th., 1916. (Address)...3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan 6th, 19..6

20-UNDERTAKER Clarence E. Wright — ADDRESS 1964 Mary

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90966 C90966

CERTIFICATE OF DEATH.

REGISTERED NO. C 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 E. Fort ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Holmes

(Residence in Baltimore: No. 404 E. Fort ave St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 9th, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Clarence Holmes

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie M Holmes

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Holmes

(Address) 404 E Fort Ave

15- JAN 5 - 1916 ROBERT . PRAETER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1915, to Jan 4 1916, that I saw her alive on Jan 4 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Maurice Jones M. D.

Jan 4, 1916. (Address) 423 E Fort ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, 1-5, 1916

20-UNDERTAKER E+B Harle

ADDRESS 115 E Mosh St

1 30 P. m.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

John B. Fairall

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C90967 64 C90967

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Elm Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B. Fairall

(Residence in Baltimore: No. 3600 Elm Ave. St.; 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Dec. (Month) 27 (Day), 1837 (Year)

7-AGE: 78 yrs. mos. 8 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Manager 313
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton Mill

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Alford Fairall

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Axie Mahonee

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Margaret Fairall

(Address) 3600 Elm Ave.

JAN 5 - 1916 Filed ....., 191 ROBERT . BRADTAK, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4, 1916, to Jan 4 1916, that I saw h~~im~~ alive on Jan 4 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Senility

Independent

(Duration) yrs mos ds.

Contributory (SECONDARY) Myocarditis.

(Duration) yrs mos. 4 ds.

(Signed) R.B. Norment M. D.

Jan, 1916. [Address] 3543 Chesterfield Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St; Mary Cemetry Hyattsville DATE OF BURIAL: Jan. 6th. 191 6

20-UNDERTAKER: A.S. Marshall ADDRESS: 3539 Paris Road

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90968 C90968

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Kaiser

(Residence in Baltimore: No. 211 S Monroe St St.; ..... yrs. .. mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, November (Month) 4 (Day), 1909 (Year)

7-AGE, 6 yrs. 2 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. F. Kaiser

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Hatch

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15- JAN 5 - 1916 Filed ....., 191.... ROBERT . KRAUSER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 21 1915, to January 4 1916, that I saw h[illegible] alive on January 4 1916, and that death occurred, on the date stated above, at 4 30 p m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

..... (Duration) ..... yrs. 1/2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mont R. Reed M. D.

Jan 4, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 211 S. Monroe St

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	1/5/16 191...
UNDERTAKER	ADDRESS
Bolt Brookes & Son	13 S Calhoun

Bolt Brookes & Son

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90969

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C90969

REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1300 E. Eager street, ST. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Marie Hoer,

(Residence in Baltimore: No. 1300 E. Eager street, St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female,

4. COLOR OR RACE: White,

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married,

6. DATE OF BIRTH: April (Month) 30th (Day), 1892. (Year)

7. AGE: 23 yrs. 8 mos. 5 ds. If LESS than 1 day, ... hrs. or ... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Germany,

PARENTS

10. NAME OF FATHER: Gustav Thomas,

11. BIRTHPLACE OF FATHER (State or country): Austria,

12. MAIDEN NAME OF MOTHER: Augusta Wiessner,

13. BIRTHPLACE OF MOTHER (State or country): Austria,

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) August E. Hoer, husband,

(Address) 1300 E. Eager street.

15. Filed JAN 5 - 1916 ROBERT ... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 4th (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 7th, 1915. to January 4th 1916. that I saw her alive on January 4th, 1916. and that death occurred, on the date stated above, at 3 p. m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis,

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) A. Frederick Kimpel M. D.

Jan. 5th, 1916 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemtry

DATE OF BURIAL: Jan 6 1916

20. UNDERTAKER: Geo J Smith

ADDRESS 1000 W Pratt St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90970

CERTIFICATE OF DEATH.

92 C90970

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Scott.

(Residence in Baltimore: No. 1109 N. Port St. St.; 2 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Dec 25 (Month) 12 (Day), 1914 (Year)

7-AGE, 14 yrs. 0 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 756
(b) General nature of industry, business, or establishment in which employed (or employer): Md Steel Co.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Moses Scott

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ladybug Hurt

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hospital

15- JAN 5 - 1916 Filed ..... 191.. Burial Permit Issued ROBERT J. CRADDOCK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1915, to Jan 7 1916, that I saw h[illegible] alive on Jan 7 1916, and that death occurred, on the date stated above, at 2.05 p.m.

The CAUSE OF DEATH* was as follows: Acute

Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Paul A. Kilbourne M. D.

Jan 7, 1916 (Address) Johns Hop. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1109 Port St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Jan 11, 1916
20-UNDERTAKER Alfred J. Forckard	ADDRESS 1141 N. Eden St.

C90971

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90971

CERTIFICATE OF DEATH.

1 PLACE OF DEATH — Registered No. C 182

CITY OF BALTIMORE (No. University Md Hosp ST., 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George W Lepson

(Residence in Baltimore: No. 713 S. Peter St.)

St.; yrs. 46 mos. 2 ds. 14)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Oct 19, 1869 (Month) (Day) (Year)

7-AGE: 46 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone cutter
(b) General nature of industry, business, or establishment in which employed (or employer): (granite)

9-BIRTHPLACE (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: Georg W Lepson

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Adelaide Richter

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Lepson

(Address) 713 S. Peter

15- Filed JAN 5 - 1916 ROBERT J. BRADLEY, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest & (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage —
Gun Shot wound (Homicide)

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. B. Jeffers M. D. (Coroner.)

Jan 11, 1916 (Address) 242 W. Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.)

At place of death..... yrs. 2 mos. ds. In the State. 46 yrs. mos. ds.

Where was disease contracted, if not at place of death?..... 713 S. Peter St

Former or usual residence 713 S. Peter St

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: Jan. 6, 1916

20-UNDERTAKER: P J McElligott — ADDRESS: 1422 Light St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90972

CERTIFICATE OF DEATH.

120 C90972

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Burgundy St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Georgeland Martin

(Residence in Baltimore: No. 932 Burgundy St.; ...yrs., 1 mos. ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. May —, 1850 (Month) (Day) (Year)

7-AGE. 65 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE. (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Thomas

(Address) 932 Burgundy St

15- Filed JAN 5 - 1916, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1915, to Jan 4 1916, that I saw her alive on Jan 3 1916, and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) 15 yrs. ... mos. ... ds.

(Signed) A. Marcellus M. D.

Jan 5, 1916 (Address) 2311 Harford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem

DATE OF BURIAL, Jan 6, 1916

20-UNDERTAKER R H Brooks & Sons

ADDRESS 173 Calhoun

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90973

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90973 x 91 C90973

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 Gen Hospital ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Parsons.

(Residence in Baltimore: No. Mt Eual Hosp. St.; ..... yrs., ... mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, ... Dec. (Month) ..... 4 (Day), 1871. (Year)

7-AGE,	If LESS than 1 day,
44 yrs. / mos. / ds.	....hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cutting Trees
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer (Farm)

9-BIRTHPLACE, (State or Country), Balto Co Md.

PARENTS.

10-NAME OF FATHER, Wm. Parsons

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Stiffler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Addie Parsons

(Address)... Parkton Md

15- Filed JAN 5 - 1916, 191.. ROBERT . FRAZIER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 5th, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1916, to Jan 5th 1916, that I saw h.m alive on Jan 5th 1916, and that death occurred, on the date stated above, at 12.55 P.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY Cerebral Embolism

(Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Frank E Stiffler M. D.

Jan 5th 1916 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. / ds. In the State life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Parkton Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Prospect Balto Co Md	Jan 7., 1916.
20-UNDERTAKER	ADDRESS
E. L. Stiffler	847 N. Eutaw St Balto

Spec.--5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90974

CERTIFICATE OF DEATH.

91 C90974

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Fleet ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franciska Siemek

(Residence in Baltimore: No. 2001 Fleet St.; — yrs., — mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Dec. (Month) 18 (Day), 1915 (Year)

7-AGE. ....yrs. ....mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaw Siemek

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Mary Polek

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaw Siemek

(Address) 2001 Canton

15- JAN 5 - 1916 Filed ....., 191.... ROBERT T. PROCTOR, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 4 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Jan 4 1916, that I saw her alive on Jan. 4 1916, and that death occurred, on the date stated above, at 6½ P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Catarrhal Bronchitis

(Duration) ....yrs. ....mos. 3 ds.

(Signed) John H. Reiberger M. D.

Jan 5, 1916 (Address) 1709 Aliceanna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Jan. 6, 1916

20-UNDERTAKER, Jacob Falkowski — ADDRESS 421 S. Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90975 C90975

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Harriet A. Kelly Hospital St. 14th WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rubie A. Davidson.

(Residence in Baltimore: No. 1418 Eutaw Place St.; ....yrs. 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 29 (Day) 1871 (Year)

7-AGE, 44 yrs. 4 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Boston, Mass.

PARENTS.

10-NAME OF FATHER, — Marks —

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER — M. E. Bowers —

13-BIRTHPLACE OF MOTHER (State or Country), Nova Scotia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. A. Davidson.

(Address) Superior Ariz.

15. JAN 5 1916 ROBERT VERADTER, Burial Permit Clerk
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1915, to Jan 4 1916, that I saw her alive on Jan 4 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Secondary anemia

Pernicious anemia

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Cancer of liver

(Duration) ....yrs. 3 mos. ....ds.

(Signed) Wm Neal M. D.

1-4-16, 191... (Address) 1422 Hearst Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 2 ds. In the State ....yrs. 1 mos. 6 ds.

Where was disease contracted, if not at place of death? Superior Ariz.

Former or usual residence Superior. Ariz.

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL, Jan 6, 1916

20-UNDERTAKER Chas T. Black — ADDRESS 201 N Mulberry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1 C 30976 **CERTIFICATE OF DEATH.** 150 C 30976

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 417 Lewis St. 5 WARD) Registered No. C

2-FULL NAME Charles H Jones

(Residence in Baltimore: No. 417 Lewis St.: yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, ... Nov. (Month) 2nd (Day), 1843 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Richard Myers

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Annie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed JAN 5 - 1916 ROBERT P. BRADLEY, Registrar of Vital Statistics.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec. (Month) 31st (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

Dec. 31 1915 (Address) 136 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL.	JAN 7 - 1916
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90977 — 28 — 90977

1 PLACE OF DEATH — CITY OF BALTIMORE (No. 110 Calvin St. 5 Ward) — REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Griffin

(Residence in Baltimore: No. 110 Calvin St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, unknown (Month) ....., 1 (Day) (Year)

7-AGE, 25 yrs. — mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Washington, DC

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or Country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or Country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15 JAN 5 - 1916 Filed ....., 191.... ROBERT , REGISTER Burial Permit Issued Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH December 27th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest, Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. Holtz Stewart, M. D. (Coroner)

Jan 3, 1916 (Address) 1729 McCulloh Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: JAN 4 - 1916, 19....

20-UNDERTAKER — ADDRESS

Commissioner Health.

FOR STATISTICAL PURPOSES.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90978 CERTIFICATE OF DEATH. 19 C90978

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1827 Aliceanna ST. W WARD)

2-FULL NAME John Dunn

(Residence in Baltimore, No. 1827 Aliceanna

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Unknown

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster dredger
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Report

(Address)

15- Filed JAN 5 - 1916, 191. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 25th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Morris M. Stuart, M. D.
(Coroner.)

Jan 3rd, 1916 (Address) 1729 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, JAN 7 1916, 19

20-UNDERTAKER ADDRESS

Commissioner Health.

FOR STATISTICAL PURPOSES.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C30979

CERTIFICATE OF DEATH.

115 C30979

REGISTERED No. C

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE (No. Pronounced dead Mercy Hospital ST. 4 WARD)

2 FULL NAME Henry J. Farber

3 (Residence in Baltimore: No. unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male.	White	?

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE. About 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work ? 463
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), ?

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police records.

(Address) .....

15- Filed JAN 5 - 1916 191.. ROBERT ..... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 14, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to..his death on the day stated above.

The CAUSE OF DEATH* was as follows: accident - struck by electric car

four minutes (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Fracture base of skull

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Wesselhoeft M. D. (Coroner.)

Jan. 1, 191.6 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	JAN 4 - 1916
20-UNDERTAKER Commissioner Health, Per. Wm. E. WOODALL	ADDRESS

FOR OFFICIAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(30980) 9V 30980

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Goldberg

(Residence in Baltimore: No. 904 E. Fayette St. St.; 11 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 96 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jacob Katzoff

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Goldberg

(Address) 904 E Fayette St

15- Filed JAN 5 - 1916, 191... Burial Permit Given. WORRY, TRADER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 5th ....., 5th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1916, to Jan 4 1916, that I saw h.e alive on Jan 4 1916, and that death occurred, on the date stated above, at 11.15 p m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY. Edema of Lungs
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. Rackin ..... M. D.

1/5/15., 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 11 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 904 E. Fayette St

Former or usual residence 940 E Fayette st

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, Jan. 5, 191.. 6

20-UNDERTAKER A. Lemmon & Bro — ADDRESS 1107 E Balto St

Spec.—8 24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90981 C90981

CERTIFICATE OF DEATH.

REGISTERED No. C 97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucio Quina.

(Residence in Baltimore: No. 2915 N. Calvert St. St.; ..... yrs. ..... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 14, 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 5 days. ..... dys.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or Country), Baltimore, Balto. Co.

PARENTS.

10-NAME OF FATHER, Peter G. Quina.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Martha McElhorn.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter G. Quina

(Address) 2915 N. Calvert St

15- JAN 5 - 1916 Filed ..... 191.. HOMER P. KRADLER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 5th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to Jan 5th 1916, that I saw h[illegible] alive on Jan 5th 1916, and that death occurred, on the date stated above, at 3:00 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia a.

..... (Duration) ..... yrs. ..... mos. 4 ..... ds.

CONTRIBUTORY (Secondary) .....

Measles ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel D. Hayman M. D.

June 5th 1916 (Address) 1211 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. 5 ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 2915 N. Calvert St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 1/5, 191..

20-UNDERTAKER Henry W. Means & Son

ADDRESS 805 N. Calvert St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 79 C90982

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 792 Bonn alley ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Clark

(Residence in Baltimore: No. 792 Bonn alley St.; 57 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown (Month) ....., 1845 (Day) (Year)

7-AGE, 71 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....m|n.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 750
(b) General nature of industry, business, or establishment in which employed (or employer) Brick Yard

9-BIRTHPLACE, (State or Country), Annapolis Md

PARENTS.

10-NAME OF FATHER, Chas Clark

11-BIRTHPLACE OF FATHER (State or Country), Ann Co Md

12-MAIDEN NAME OF MOTHER Elizabeth Lee

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Clark

(Address) — Eisenhower St

15 JAN 5 - 1916 HARRY O ANDREWS, Registrar.

Filed ....., — 191.. Burial Permit Given

Bring the City Morgue

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 1st, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28th 1915, to Jany 1st 1916, that I saw h[illegible]alive on Dec 29th 1915, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

.....

.....

Cerebro Asthma (Duration) — yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

..... (Duration) 5 yrs. — mos. — ds.

(Signed) Edward E McCartney M. D.

Jany 3, 1916 (Address) 1339 W Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
National Cem.	Jan 6th 1916
20-UNDERTAKER Walter Owens	ADDRESS 318 Mercer St

Spec.—5-19-15—M. & T.—500 Bks.

C90983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C90983

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3035 Westwood av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonora B. Perrine

(Residence in Baltimore: No. 2035 Westwood av. St.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 22 (Day), 1877 (Year)

7-AGE, 38 yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Saleslady 66
(b) General nature of industry, business, or establishment in which employed (or employer) Mens Store

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Robt. J. Perrine

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Sarah E. Stansbury

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Clinton Perrine

(Address) 2035 W. Westwood Ave

15- JAN 5 - 1916 Filed ....., 191.... HARRY O ANDREWS Marital Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany. (Month) 3rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1915, to Jany 3 1916, that I saw her alive on Jany 3 1916, and that death occurred, on the date stated above, at 1250 p.m.

The CAUSE OF DEATH* was as follows:

La Grippe Followed
ms. 2 days by Pneumonia
& Pneumonea

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Mahaney Heart defect

(Duration) ....yrs. ....mos. 3 ds.

(Signed) E. C. Bunell M. D.

Jany 5, 1916 (Address) 605 N Monroe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Jany 6, 1916

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 1201 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90984 120

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90984

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1407 Park Avenue, St. 14 WARD) Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Ogden Smith,

(Residence in Baltimore: No. 1407 Park Avenue, St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, January (Month) 27th (Day), 1857. (Year)

7-AGE, 58 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Traveling 966
(b) General nature of industry, business, or establishment in which employed (or employer): Auditor, R. R.

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Thomas Smith,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Elizabeth Willey,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Smith, daughter,

(Address) 1407 Park avenue.

15-

Filed JAN 5 - 1916 HARRY C ANDREWS, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 4th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation,

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis, (Duration) ....yrs....mos....ds.

(Signed) A. Frederick Hempel M. D.
(Coroner.)

Jan. 4th, 1916. (Address) 3310 W. North av.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rock Run Harve de Grace DATE OF BURIAL, Jan. 6, 1916

20-UNDERTAKER Harford Co Mtl ADDRESS E. M. Mitchell & Co 1811 W Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C90985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 C90985

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Josephs Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Redding Barrett

(Residence in Baltimore: No. 207 E. Mt. Royal ave. St.; Lifetimes. Mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 28, 1907.
(Month) (Day) (Year)

7-AGE, 8 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md (Balto City Hosp)

PARENTS.

10-NAME OF FATHER, John G. Barrett.

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mara L. Redding.

13-BIRTHPLACE OF MOTHER (State or Country), B.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Barrett

(Address) 207 E. Mt. Royal Ave

15- JAN 5 - 1916 HARRY O ANDREWS, Filed....., 19..., Marriage Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1916, to Jan 5 1916, that I saw h~~im~~ alive on January 5 1916, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Duration 1 hour 24 hrs.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intussusception

(Duration) yrs. mos. ds.

(Signed) W. H. Warner M. D.

Jan 6., 1916 (Address) Saint Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1 ds. In the State 8 yrs. 6 mos. 7 ds.

Where was disease contracted, if not at place of death? 207 E. Mt Royal ave

Former or usual residence 207 E. Mt Royal ave.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan 8..., 1916.

20-UNDERTAKER Wm Cook — ADDRESS 502 Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90986

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C90986

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 926 W. Mulberry St. WARD) 18

2-FULL NAME Infant of Harold (Newton) and Gertrude Webb

(Residence in Baltimore: No. 926 W. Mulberry St.; yrs. ... mos. 2 ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan (Month) 3 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto md

PARENTS

10-NAME OF FATHER: Arthur Webb —

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Annie E. Hinkley

13-BIRTHPLACE OF MOTHER (State or country): Balto Md —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur Webb —

(Address) 926 W. Mulberry St.

15 JAN 5 - 1916 Filed ....., 191.... HARRY O ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1916, to Jan 5, 1916, that I saw h.. alive on Jan 4, 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth about 6 mos Gestation

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) ~~Syphilis~~

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick L. Ohm M. D.

Jan 5, 1916 (Address) 2827 Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: June 6, 1916

20-UNDERTAKER: Jas. L. Little | ADDRESS: 523 N. Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C90987

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90987

CERTIFICATE OF DEATH.

8 x 172

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F Martell

(Residence in Baltimore: No. St Josephs Hospital St.; ~ yrs., ~ mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, ... Jan (Month) 15th (Day), 1842 (Year)

7-AGE, 73 yrs. 11 mos. 10 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dairy Man 010
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Peter Martell

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas H Markell

(Address) Va Ave & N Bind R

15-JAN 5 - 1916 GEBERT O ANDREWS.

Filed ..... 191. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Neck of Femur

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Accidental Fall

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elijah V Russell (Coroner.) M. D.

Jan 5th 1916. (Address) 15 E N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS):
At place of death ....yrs. ....mos. ....ds. In the State 2 yrs. ~ mos. ~ ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Wiseltre North Dak

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Jan 7, 1916

20-UNDERTAKER H Sander & Son — ADDRESS 1210 Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C90988

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90988

CERTIFICATE OF DEATH.

89

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 E. Chase St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William P. Bentheusel

(Residence in Baltimore: No. 1806 E Chase St.; 60 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Mar 9, 1827
(Month) (Day) (Year)

7-AGE, 88 yrs. 10 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): 217

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Heidmyer

(Address) 1806 E. Chase

15- JAN 5 - 1916, Filed ....., 191.... HARRY O ANDREWS, Registrar.

Burial Permit 9101

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28th 1915, to Jan 4 1916, that I saw h[illegible] alive on Jan 3 1916, and that death occurred, on the date stated above, at 6 1/2 m.

The CAUSE OF DEATH* was as follows:

Bronchitis Chr. Resp.

(Duration) ..... yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Grip 7 days (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Duvall M. D.

Jan 4, 1916 (Address) 28 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Cemetery — DATE OF BURIAL, Jan. 6..., 1916

20-UNDERTAKER Wm Cook — ADDRESS 702 E. Monument

Spec.—8-24-14—M. & T.—2000 Blks.

C90989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C90989

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 515 N. Paca ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Coleman

(Residence in Baltimore: No. 515 N. Paca St.; 47 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown, 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. mos. ds.
If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Wuebe

(Address) 515 N. Paca St.

15-
Filed JAN. 5 1916 1916 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1915, to Jan 4 1916, that I saw h[illegible] alive on Jan 3 1916, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Contusions Bruises

(Duration) yrs. 1 mos. 28 ds.

CONTRIBUTORY (Secondary) Bruises Pneumonia

(Duration) yrs. 0 mos. 6 ds.

(Signed) Frank M. Gleason M. D.

Jan 5, 191... (Address) 30 E. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, [illegible] | DATE OF BURIAL, Jan 6, 1916

20-UNDERTAKER John J. Coveney ADDRESS 701 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C90990 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C90990

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 E Madison St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Malone

(Residence in Baltimore: No. 606 E Madison St.; yrs. 71 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 2 (Day) 1844 (Year)

7-AGE, 71 yrs. 8 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Malone

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Burke

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary K Malone

(Address) 546 W Pratt St

15-

Filed JAN 5 - 1916 HARRY O ARLRICS, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1916, to Jan 4 1916, that I saw h[illegible] alive on Jan 4 1916, and that death occurred, on the date stated above, at 6 PM.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Cortical Sclerosis

(Duration) 5 yrs. ....mos. ....ds.

(Signed) James M Fenton M. D.

Jan 4, 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem DATE OF BURIAL, Jan 6 1916

20-UNDERTAKER John Heuman ADDRESS 701 Hollins St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C90991 C90991

CERTIFICATE OF DEATH.

6

1-PLACE OF DEATH. REGISTERED No. C

CITY OF BALTIMORE: (No. 1939 W. Lexington St.; 20 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Henrietta Wockenfuss

(Residence in Baltimore: No. 1939 W. Lexington St.; 0 yrs., 20 mos. 20 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	child

6-DATE OF BIRTH, April (Month) 16th (Day), 1914. (Year)

7-AGE, 0 yrs. 20 mos. 20 da. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ------
(b) General nature of industry, business, or establishment in which employed (or employer) -------

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, J. P. Wockenfuss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wilhelmina Engler

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. P. Wockenfuss

(Address) 1939 W. Lexington St.

15- JAN 5 - 1916 Filed ....., 191.... HARRY O ARLANDS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 31st 1915, to Jan. 5th 1916, that I saw her alive on Jan. 4th 1916, and that death occurred, on the date stated above, at 8.30 A. M. The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) 0 yrs. 0 mos. 7 da.

CONTRIBUTORY (Secondary) Measles

(Duration) 0 yrs. 0 mos. 11 da.

(Signed) Edw. M. Sengstrund M. D.

Jan 5, 1916 (Address) 5 N. Washington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Pauls Lutheran Cem. DATE OF BURIAL, Jan 6, 1916

20-UNDERTAKER Mrs. N. Pohlers Son ADDRESS 730 Penna Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—5000 Blks.

C90992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130 C90992

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Miles

(Residence in Baltimore: No. 1308 Bond St. St.; 52 yrs.. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..., 1 (Day) ... (Year)

7-AGE, 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Thomas Johnson

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Ann Knox

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Henry Mills

(Address)... 605 S. E. Bond St.

15- JAN 5 - 1916 Filed....., 191.... HARRY C. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 1915, to Jan 5 1916, that I saw her alive on Jan 5 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Cirrhosis of Liver — Multiple Fibroma

(Duration) uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) 0 yrs. mos. 10 ds.

(Signed) Oscar J. Pinkard M. D.

Jan 5, 1916 (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 14 ds. In the State 52 yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 1308 Bond St.

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill C. | DATE OF BURIAL, Jan 7, 1916

20-UNDERTAKER Louis Heeman | ADDRESS 32 S Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C90593 C90693

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 Penna. Ave ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Pyne

(Residence in Baltimore: No. 1026 Penna. Ave St.; 32 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1884 (Year)

7-AGE, 32 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Quiet Family.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm H Saulsbery

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza Hutchens

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Saulsbery

(Address) 1026 Penna Ave

15- Filed JAN 6 - 1916, 191.... ROBERT J. BRADLEY, Registrar. [illegible] Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 4 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-26-1915, to 1-4-1916, that I saw h[illegible] alive on 1-2-16 191, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Remittent fever

(Duration) ..... yrs. 1 mos. 9 ds.

(Signed) T N Carson M. D.

1-4-, 191.. (Address) 1524 O'Hare.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan 6, 1916

20-UNDERTAKER James B Hayes — ADDRESS 514 Walbrook

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90594 C90594

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph German Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Lang.

(Residence in Baltimore: No. 2239 Mura St. St.; 40 yrs., mos., ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Mar 20, 1870 (Month) (Day) (Year)

7-AGE. 45 yrs. 9 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. John A Lang

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Gertrude Reid

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS ~~TRUE~~ TO THE BEST OF MY KNOWLEDGE.

(Informant) Mathews A Lantz

(Address) 2239 Mura St

15-

Filed JAN 6 1916 ROBERT P. PRAETER, BUREAU OF VITAL STATISTICS. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 4 1916, to Jan 5 1916, that I saw h im alive on Jan 5 1916, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 6 yrs. mos. 1 ds.

(Signed) Oscar V. Pinkett M. D.

Jan 6, 1916. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 2234 Mura St.

19-PLACE OF BURIAL OR REMOVAL. Dallo Cemetery DATE OF BURIAL. Jany 8, 1916

20-UNDERTAKER. Robt J Tunder ADDRESS 1442 W Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

C90995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 C90995

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Savage

(Residence in Baltimore: No. 515 N. Lenford St. St.: 26 yrs., ... mos. ... ds.)

CAUSE OF DEATH to be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. AGE should be properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Unknown ....., 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Tailor 314
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Merchant

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Eli Savage

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) 1419 E Balt

15- Filed JAN 6 - 1916 19.... ROBERT P. LAMB, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from DEC 23 1915, to Jan 5 1916, that I saw h[illegible] alive on Jan 5 1916, and that death occurred, on the date stated above, at 8 45 P m

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus and
Gaseral Arteriosclerosis

..... (Duration) Unknown yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) A. S. Coleman M. D.

1/8, 1916 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 13 ds. In the State 26 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 515 N Lenford St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Rosedale	1/6, 1916
20-UNDERTAKER	**ADDRESS**
Jack Levin	1419 E Balt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90996 92 C90996

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3828 Reisterstown Rd ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Sterrett

(Residence in Baltimore: No. 3828 Reisterstown Rd St.; 1 yrs., 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) Dec 22 (Day), 1843 (Year)

7-AGE, 72 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Philadelphia Pa

PARENTS.

10-NAME OF FATHER, John Stalder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Maria Markee

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. C. Ostendorf

(Address) 3828 Reisterstown Rd

15- Filed JAN 6 — 1916, 191.....

ROBERT J. KRAUTER, Vital Records Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1916, to Jan 5 1916, that I saw her alive on Jan 5 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jonas S. Ostendorf M. D

Jan 6, 1916 (Address) 4012 Park Heights Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, 1st 7th, 1916.

20-UNDERTAKER Howard Jenkins Sons Co — ADDRESS Mc Culloh & Hoffman Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C90597 C90597

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2547 W Edmondson av ST.) 20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roger William Frey.

(Residence in Baltimore: No. 2547 W Edmondson av St.; yrs., mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.) Single

6-DATE OF BIRTH, Dec 29, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): X

9-BIRTHPLACE, (State or Country), Maryland - Balto.

PARENTS.

10-NAME OF FATHER, Geo Frey

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Bessie E Lord

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Frey

(Address) 2547 W Edmondson

15- Filed JAN 6 - 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk's X Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4th 1916, to Jan 5th 1916, that I saw him alive on Jan - 5 1916, and that death occurred, on the date stated above, at 11, P.m.

The CAUSE OF DEATH* was as follows:

Colitis

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Final Convulsions

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Walter B. Platt M. D.

Jan. 6, 1916. (Address) 502 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan. 6, 1916

20-UNDERTAKER Josiah Lyle — ADDRESS 1600 W Baltimore

C90998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C90998

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 904 Harden Court ST.: 23 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Thomas

(Residence in Baltimore: No. 904 Harden Court St.: yrs., 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widowed

6-DATE OF BIRTH, Unknown (Month) (Day), 1875 (Year)

7-AGE,	If LESS than 1 day,
40 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Delto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Johnson

(Address) 904 Harden Court

15- ROBERT . KRAUTER, Burial Permit Clerk.

Filed JAN 6 - 1916 191 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. ds.

(Signed) [signature] M. D. (Coroner.)

Jan 4, 191 5 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	1/6, 19 16
20-UNDERTAKER	ADDRESS
Samuel G Hunley	578 W Pratt

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C90099 C90099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1. PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. University Hosp ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Paul Vogt

(Residence in Baltimore: No. Poplar Grove & Breyton St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month), 1868 (Day) (Year)

7-AGE, 47 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Steamships

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Feder

(Address) Caudre & Cuba Sts

15- JAN 6 - 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Concussion

(Duration) yrs. mos. 6 ds.

(Signed) ... M. D. (Coroner)

Jan 5, 1916 (Address) 2427 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Poplar Grove & Breyton Sts

Former or usual residence Poplar Grove & Breyton Sts

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. — DATE OF BURIAL, Jan 7 1916.

20-UNDERTAKER Charles W Dill — ADDRESS 3107 Frdk Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Over)

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91000

CERTIFICATE OF DEATH.

91 C91000

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 501 w Mulberry ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME L. Augustus Maltz

(Residence in Baltimore: No. 501 w Mulberry St.; 4 yrs., 6 mos. 5 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ~~1913~~ July (Month) 29, (Day) 1913 (Year)

7-AGE, 2 yrs. 6 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Philip A. Maltz

11-BIRTHPLACE OF FATHER (State or Country), Williamsport, Pa

12-MAIDEN NAME OF MOTHER Millie Bloom

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Maltz

(Address) 501 W. Mulberry St

15- Filed JAN 6 - 1916 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1. 3. 1916, to 1. 3. 1916, that I saw him alive on 1. 2. 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Catarrhal Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. 4 ds.

(Signed) L. L. Levy M. D.

1/5/16 191... (Address) 639 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hill Cem. DATE OF BURIAL, Jan 6 1916

20-UNDERTAKER James E. Hayes ADDRESS 514 Wilson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91001 50 C91001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3047 W. North Av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H Solesi

(Residence in Baltimore: No. 3047 W North Av St.; 19 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Nov 5, 1868 (Month) (Day) (Year)

7-AGE, 47 yrs. 2 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): Journeyman

9-BIRTHPLACE, (State or Country): New York

PARENTS.

10-NAME OF FATHER: Dont know

11-BIRTHPLACE OF FATHER (State or Country): Dont know

12-MAIDEN NAME OF MOTHER: Dont know

13-BIRTHPLACE OF MOTHER (State or Country): Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie E Solesi

(Address) 3047 W. North Av

15- Filed JAN 6 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1915, to Jan 5 " 1916, that I saw ~~have~~ alive on Jan 5 " 1916, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

..... (Duration) ..... yrs. ..... mos. 2 ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lung

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Hubert E. Pilpel M. D.

Jan 6, 1916. (Address) 3050 W. North av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemtry — DATE OF BURIAL, 1-7, 1916.

20-UNDERTAKER William Cook — ADDRESS 502 E North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91002 — 151 — C91002

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Penna Av ST.; 14 WARD)

2-FULL NAME None (Inf of Viola Hagans)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1411 Penna ave St.; ...yrs,, ...mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... Jan (Month) 4 (Day), 1916 (Year)

7-AGE, ...yrs.....mos. 4 ds. | If LESS than 1 day, ...hrs. or 1 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Viola Hagans

13-BIRTHPLACE OF MOTHER (State or Country), New. Jersey.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Hagans

(Address) 1411 Penna ave

15-JAN 6 - 1916 ROBERT . KRAUTER, Filed....., 191..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1916, to Jan 4 1916, that I saw h... alive on Still Born 1916, and that death occurred, on the date stated above, at 8 37 m.

The CAUSE OF DEATH* was as follows:

..... Premature Birth
..... 3 mo fetus
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) T. E. Dungbert M. D.

Jan 5, 1916 (Address) 16 A. Penna Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL | DATE OF BURIAL JAN 7 1916, 191...

20-UNDERTAKER Commissioner Health. | ADDRESS

FOR ANATOMICAL PURPOSES.

I.C. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91003

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170

C91003

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1526 N. Chapel ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward G. Miller

(Residence in Baltimore: No. 1526 N. Chapel, St.: 79 yrs. 1 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov 28, 1836 (Month) (Day) (Year)

7-AGE: 79 yrs. 1 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer): Helper

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Emily J. ——

13-BIRTHPLACE OF MOTHER (State or country): Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary F. Miller

(Address) 1526 N Chapel

15. JAN 6 - 1916

ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 6th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1, 1915. to. January 6th 1916. that I saw h alive on January 7, 1916. and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY): Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) P. E. Tilly M. D.

Jan 6th, 1916. (Address) 501 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto. Cemetery

DATE OF BURIAL: Jan 9. 1916

20 UNDERTAKER: J. Wesley Jackson

ADDRESS: 745 N. Gay

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C91004

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91004

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Nursery & Child Hosp REGISTERED NO. C 91

CITY OF BALTIMORE: (No. 18 Franklin St.; or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbert Ross.

(Residence in Baltimore: No. Nursery & Child, Hosp St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Nov 18, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 17 da. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery & Child's Hosp

(Address) Franklin & Schroeder

15- ROBERT . KRAUTER

Filed JAN 6 - 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17 1914 to Jan 5 1916, that I saw him alive on Jan 5 1916, and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary) Recurrent attacks of Pneumonia

(Duration) yrs. 6 mos. da.

(Signed) O. Friedenwald M. D.

Jan 6, 1916. (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death / yrs. mos. 23 da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence Nursery & Childs Hosp

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Jan 6, 1916

20-UNDERTAKER George J. Smith ADDRESS 1000 W Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91005 — 120 — C91005

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. E. [illegible] Norris

(Residence in Baltimore: No. 2519 N. Calvert St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, (Month) Dec (Day) 22, (Year) 1836

7-AGE, 79 yrs. 0 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE, (State or Country), Md. (Balto City)

PARENTS.

10-NAME OF FATHER, James Foster

11-BIRTHPLACE OF FATHER (State or Country), Mass.

12-MAIDEN NAME OF MOTHER Alethia White

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. E. Norris

(Address) Eldersburg Md.

15- Filed JAN 6 - 1916 ROBERT . KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Jan (Day) 5, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1915, to Jan 5 1916, that I saw h[illegible] alive on Jan 5 1916, and that death occurred, on the date stated above, at 7:00 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) 3 yrs. mos. ds.

(Signed) Chas. L. Smith M. D.

Jan 5, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 2519 N. Calvert St

Former or usual residence 2519 N. Calvert St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, 1.7, 1916

20-UNDERTAKER Henry W. Means & Son — ADDRESS 805 N. Calvert

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91006

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

80 C91006

1-PLACE OF DEATH 3008 N. Calvert St — REGISTERED NO. C

CITY OF BALTIMORE (No. 3008 N. Calvert St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marcellus H. Goodrich

(Residence in Baltimore: No. 3008 N. Calvert St.; If not, yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: May 17, 1848 (Month) (Day) (Year)

7-AGE: 67 yrs. 7 mos. 22 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Contract Agent
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman

9-BIRTHPLACE (State or country): Indiana

PARENTS

10-NAME OF FATHER: Marcellus Goodrich

11-BIRTHPLACE OF FATHER (State or country):

12-MAIDEN NAME OF MOTHER:

13-BIRTHPLACE OF MOTHER (State or country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) [illegible]

(Address) [illegible]

15-Filed JAN 6 - 1916 ROBERT . KRAUSE, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 5, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1915, to Jan 5 1916,
that I saw h— alive on Jan 5, 1916,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Acute dilatation of heart
Angina pectoris

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Arterio Sclerosis

(Duration) 10 yrs. ..... mos. ..... ds

(Signed), W. H. Haywood M. D.
June 6, 1916 (Address) 805 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Hill	Jan 7, 1916
20-UNDERTAKER	ADDRESS
W. P. McCauley	164 W. Ma[illegible]

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91007 C91007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 578 Port St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Johannes

(Residence in Baltimore: No. 578 E Monr St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... June (Month) 5 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 19 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Fritz A Johannes

11-BIRTHPLACE OF FATHER (State or Country), S. C

12-MAIDEN NAME OF MOTHER Julia Feinauty

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fritz A Johannes

(Address) 578 N Port St.

15- Filed JAN 6 - 1916, 191.... ROBERT J. KRAUTH Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1916, to June 6 1916, that I saw h.. alive on June 6 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. E. K. Cameron M. D.

June 6, 1916. (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	Jan 7 '16, 191...

20-UNDERTAKER Christian Miller ADDRESS 2[illegible] W Lafayette Av

C91008

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91008

1-PLACE OF DEATH

REGISTERED No. C 67

CITY OF BALTIMORE (No. 706 Eberling St. ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Sherrod.

(Residence in Baltimore: No. 706 Eberling St. St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE Colored | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH March 15, 1849 (Month) (Day) (Year)

7-AGE 66 yrs. 9 mos. 20 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE (State or country) Maryland.

PARENTS

10-NAME OF FATHER Unknown.

11-BIRTHPLACE OF FATHER (State or country) Unknown.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or country) Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Laura Bradley

*(Address) 706 Eberling St

15. Filed JAN 6 - 1916 HARRY O. ARCHER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1915, to Jan 4 1916, that I saw her alive on Jan 3, 1916, and that death occurred, on the date stated above, at 9 A. m. The CAUSE OF DEATH* was as follows:

Paresis

(Duration) yrs. mos 12 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) R. Russell M.D. M. D.

1/4, 1916 (Address) 2311 Harford ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn | DATE OF BURIAL January 6, 1916

20-UNDERTAKER Robert A Elliott | ADDRESS 506 Rayen Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91009

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91009

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pa. R.R. Yards at Union Station ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Richardson

(Residence in Baltimore: No. 3424 Belair Road. 35 St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 7 (Day), 1880 (Year)

7-AGE, 35 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Engineer R.R.
(b) General nature of industry, business, or establishment in which employed (or employer). Penna R.R.

9-BIRTHPLACE. (State or Country), Md. (Balto City)

PARENTS.

10-NAME OF FATHER. Charles Richardson

11-BIRTHPLACE OF FATHER (State or Country). City.

12-MAIDEN NAME OF MOTHER Sarah Bennett

13-BIRTHPLACE OF MOTHER (State or Country). City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Richardson

(Address) 3424 Belair Road.

15- FILED JAN 6 - 1916, 191... HARRY O ANDREWS Burial Permit Officer. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as following:

Acute cardiac dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) about 10 yrs. mos. ds.

(Signed) Hoffheimer (Coroner.) M. D.

Jan 6, 1916 (Address) 19 N. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Jan 7, 1916

20-UNDERTAKER William Cook ADDRESS 502 E North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91010

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C91010

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 E. Eager ST.; 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J. Murray

(Residence in Baltimore: No. 820 E Eager St.; Yrs. 14 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Widower

6-DATE OF BIRTH, Dec 15, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Horse
(b) General nature of industry, business, or establishment in which employed (or employer): Shoer

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Murray

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Buchanan

(Address) 824 E. Eager St.

15-

JAN 6 1916 191... Burial Permit Clerk
Registrar.

Dr McBurd

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1915, to Jan 4 1916, that I saw him alive on Jan 3 1916, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:
Tuberculosis Pulmonary &
Intestinal

(Duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Natural Causes

(Duration) yrs. mos. ds.

(Signed) Edward McBurd M. D.

Jan 6, 1916 (Address) 208 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Jan 7, 1916

20-UNDERTAKER H. C. Windfeld & Co

ADDRESS Gunnis Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91011

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91011

CERTIFICATE OF DEATH.

74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 S. Sharp ST. 22 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Maggio

(Residence in Baltimore: No. 223 S. Sharp St. St.; 2 yrs., 10 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 8 (Day), 1913 (Year)

7-AGE, 2 yrs. 10 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Antonio Maggio

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Rosina Catino

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antonio Maggio

(Address) 223 S. Sharp St

15-

Filed JAN. 6 — 1916 HARRY G. ANDREWS, Registrar. Burial Permit Oleyt

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1915, to Jan 6 1916, that I saw h[illegible] alive on Dec 31 1915, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Acute

Asthenia

(Duration) Days

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Jan 6, 1916 (Address) 1 Mason Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 yrs. mos. ds. In the State yrs. 2 mos. ds.

Where was disease contracted, if not at place of death? 223 S. Sharp St.

Former or usual residence 223 S. Sharp St.

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cemetery

DATE OF BURIAL, Jan 7, 1916

20-UNDERTAKER Jos Jordans Son

ADDRESS 217 S. Bro

Spec.—5-19-13—M. & T.—500 Bks.

C91012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C91012

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. St.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luke Evans

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs., 2 mos. 10 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. (Month) 18 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
yrs. 2 mos. 17 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St.

15- JAN 6 - 1916 HARRY O ARNESS, Filed ..., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1915, to Jan. 2nd 1916, that I saw h in alive on Jan. 3rd 1916, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Malnutrition and Mal assimilation

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Carlos O'Donovan M. D.

Jan. 7..., 1916. (Address) 5 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 10 ds. In the State yrs. 2 mos. 17 ds.

Where was disease contracted, if not at place of death?

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. | DATE OF BURIAL, Jan. 6..., 1916.

20-UNDERTAKER A. Fahey & Sons | ADDRESS 6 Lafayette Av

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91013 C91013

CERTIFICATE OF DEATH.

REGISTERED NO. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Chft Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward King

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs., 2 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October 17, 1915
(Month) (Day) (Year)

7-AGE, yrs. 2 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1701 Division St.

15-

Filed JAN 6 - 1916 191 HARRY O. ARNESTS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 3rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 27 1915, to Jan 3rd 1916, that I saw him alive on Jan. 3rd 1916, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH* was as follows:

Gastro enteritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles O'Donovan M. D.

Jan. 7, 1916. (Address) 5 E Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 20 ds. In the State yrs. 2 mos. 20 ds.

Where was disease contracted if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Jan 6, 1916

20-UNDERTAKER M Falcey & Sons ADDRESS 616 Lafayette Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91014

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91014

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 W. West ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Gassaway

(Residence in Baltimore: No. 722 W. West St.; 0 yrs., 0 mos. 6 dys.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan (Month) 6 (Day), 1916 (Year).

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 6 hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer)..... None.

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Harry Gassaway

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Annie Lang

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Gassaway

(Address) 722 W. West

15-

Filed JAN 6 - 1916, 191.. HARRY O. ARLOTTA, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 6 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to Jan 6 1916, that I saw h=r alive on Jan 6 1916, and that death occurred, on the date stated above, at 0309 m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... dys.

(Signed) P. L. Rust M. D.

1-6-, 191.6. (Address) 2 West Pitt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Jan 7, 1916

20-UNDERTAKER, Wm J. Tickner & Sons — ADDRESS 425 Cumberland

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C91015

CERTIFICATE OF DEATH.

28 C91015

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 706 S Rose ST.; 1 WARD)
REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Grill

(Residence in Baltimore: No. 706 S Rose St.; 30 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known ....., 1..... (Month) (Day) (Year)

7-AGE, 74 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country). Bohemia

PARENTS.

10-NAME OF FATHER, John Grill

11-BIRTHPLACE OF FATHER (State or Country). Bohema

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Grill

(Address) 706 S Rose St

15-
Filed JAN 6 - 1916, 191... MARY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 4, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1915, to Jan 4 1915, that I saw h[illegible] alive on Jan 4 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) W. B. Council M. D.

1-5, 1916 (Address) 2008 Bloom St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer — DATE OF BURIAL, Jan 7, 1915

20-UNDERTAKER Frank Crockett Son — ADDRESS 1904 Eastlandg

Spec.—8-24-14—M. & T.—2000 Blks.

C91016

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91016

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1507 E. Lombard St.; 3 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Meyer Weiner

(Residence in Baltimore: No. 1507 E. Lombard St. St.; 13 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1857 (Year)

7-AGE, 59 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Musician
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jake Weiner

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Balto St

15-

Filed JAN 6 - 1916 Burial Permit Issued PARKE O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 6 1916, that I saw h— alive on Jan 6 1916, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

acute Nephritis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. F. Valentine M. D.

Jan 6, 1916. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herman — DATE OF BURIAL, Jan 7, 1916

20-UNDERTAKER Jack Lewis — ADDRESS 1419 E Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91017 — PLACE OF DEATH

19 C91017 — REGISTERED No. C

CITY OF BALTIMORE (No. 1814 E. Chase St.: 8 — WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. FULL NAME Margaret J. Mumma

(Residence in Baltimore: No. 1814 E. Chase St.: 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: February —, 1831 (Month) (Day) (Year)

7. AGE: 84 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9. BIRTHPLACE (State or country): Balto County Md.

PARENTS

10. NAME OF FATHER: John T. Mumma

11. BIRTHPLACE OF FATHER (State or country): Balto County Md.

12. MAIDEN NAME OF MOTHER: Ann Lucas

13. BIRTHPLACE OF MOTHER (State or country): Balto County Md.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Annie Corson

(Address) 1814 E Chase st

15. Filed JAN 7 - 1916, 19 — ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January 5, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1915, to Jan. 5, 1916, that I saw her alive on January 2, 1916, and that death occurred, on the date stated above, at 11.50 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Uncertain (Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Edwin B. Fenby, M. D.

Jan. 6, 1916 (Address) 1223 N Caroline st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan 7, 1916

20. UNDERTAKER: Henry Lutz

ADDRESS: 1007 N. Bond

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91018
1 PLACE OF DEATH

92 C91018
REGISTERED No. C

CITY OF BALTIMORE (No. 433 N. Eden St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Earnest McGlotten

(Residence in Baltimore: No. 433 N. Eden St.: 1 yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6 DATE OF BIRTH January (Month) (Day), 1897 (Year)

7 AGE 18 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Eugene Cornish

11 BIRTHPLACE OF FATHER (State or country): md

12 MAIDEN NAME OF MOTHER: Martha McGlotten

13 BIRTHPLACE OF MOTHER (State or country): md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rosa McGlotten
(Address) 433 N. Eden St

15 Filed JAN 7 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January (Month) 3 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 24 Dec. 1915 to 3 Jan. 1916, that I saw him alive on 3 Jan. 1916, and that death occurred, on the date stated above, at 11.0 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 11 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Sandrock M. D.

4 Jan. 1916 (Address) 1242 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Jan 7 1916

20 UNDERTAKER: John H. Fowler — ADDRESS: 142 Aisquith

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91019

CERTIFICATE OF DEATH

150 REGISTERED No. C91019

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 904 S. Decker Ave ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Pearl White

(Residence in Baltimore: No. 904 S. Decker Ave St. 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH Dec. (Month) 28 (Day) 1915 (Year)

7 AGE ..... yrs. ..... mos. 9 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Balto City Md

PARENTS

10 NAME OF FATHER Thomas White

11 BIRTHPLACE OF FATHER (State or country) New York City

12 MAIDEN NAME OF MOTHER Eliz. Bellman

13 BIRTHPLACE OF MOTHER (State or country) Balto City Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas White

(Address) 904 S. Decker Ave

15 Date JAN 7 - 1916 ROBERT . KRAUTHER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1916, to Jan 6 1916, that I saw h[illegible] alive on Jan 5, 1916, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

asphyxia

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) [illegible] Crime of

(Duration) ..... yrs. ..... mos. 9 ds.

(Signed) [illegible] M. D.

Jan 6, 1916 (Address) 304 S. Bond Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mount Carmel Cemetery | DATE OF BURIAL Jan 7 1916

20 UNDERTAKER H. Wander Sons | ADDRESS 120 Block

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE

C91020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C91020

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Butler's Sanitorium ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Julia Ritz

(Residence in Baltimore: No. 105 N. Carey Sr.: 39 yrs. 3 mos. 9 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept. 27th, 1876 (Month) (Day) (Year)

7-AGE: 39 yrs. 3 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Milliner
(b) General nature of industry, business, or establishment in which employed (or employer): Millinery Store

9-BIRTHPLACE (State or country): City Balto.

PARENTS

10-NAME OF FATHER: Leonard Ritz

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Richer

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Weis

(Address) 419 N. Patterson Pk

15

Filed JAN 7 - 1916

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 6 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to, Jan 6 1916, that I saw h.. alive on Jan 6 1916, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

..... (Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) August Horn M. D.

Jan 6, 1916. (Address) 40 E. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 1 ds. In the State 39 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 105 N. Carey St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: Jan 9 1916

20-UNDERTAKER: Philip Herwig — ADDRESS: 2016 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91021

CERTIFICATE OF DEATH.

146 C91021

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Everlyn Antos

(Residence in Baltimore: No. 2215 E. Madison St.; ...yrs. ...mos. Life ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, Dec 19, 1915 (Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 18 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Emil Antos

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Eckard

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St.

15- Filed JAN 7 - 1916 191... ROBERT . KRAUSE, Municipal Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1916, to Jan 6 1916, that I saw h[illegible] alive on Jan 6 1916, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Osteo-myelitis of Tibia

(Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs. ...mos. ...ds.

(Signed) Everlyn Antos M. D.

Jan 6, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 7 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 2215 Madison St. East

Former or usual residence 2215 Madison St. East

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cem. DATE OF BURIAL, Jan 7 1916

20-UNDERTAKER Philip Herwig ADDRESS 2011 Orleans

Spec.—5-15-13—M. & T.—500 Bks.

C91022

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C91022

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 Lawn Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME Emily C. Jenkins

(Residence in Baltimore: No. 201 Lawn Ave St.; 30 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, April 13, 1837.
(Month) (Day) (Year)

7-AGE, 78 yrs. 8 mos. 24 da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Wm St Andrews

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Elizabeth Simpson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank W Jenkins

(Address) 201 Lawn ave

15-

Filed JAN 7 1916 ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1915, to Jan 6 1916, that I saw h— alive on Dec 30 1915, and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebritis — Valvular heart trouble

indefinite (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Apoplexy but a few minutes

(Duration) yrs. mos. da.

(Signed) R B Y—— M. D.

Jan 6, 1916 (Address) 3247 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden — DATE OF BURIAL, Jan 8, 1916

20-UNDERTAKER Chenoweth Bro — ADDRESS 3617 Chestnut Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91023 42 C91023

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3823 Hampden Ave. ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary J. Chalk

(Residence in Baltimore: No. 3823 Hampden Ave. St. 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: March (Month) , 1866 (Year) (Day)

7 AGE: 49 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: William E Hill

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Wallace Chalk

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles S Chalk

(Address) 2823 Hampden Ave

15 ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

FILED JAN 7 - 1916

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 5 (Day) , 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 10 , 1915 , to Jan. 5 , 1916 .

that I saw her alive on Jan. 5 , 1916 .

and that death occurred, on the date stated above, at 12. I. a. m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Exhaustion
(Duration) 3 weeks yrs. mos. ds

Contributory (SECONDARY) Carcinoma of Uterus
(Duration) yrs. 6 mos. ds.

(Signed) La Rutherford M. D.

Jan 5 , 1916 (Address) 112 W. 25th. Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Md

DATE OF BURIAL: Jan 7 , 1916

20 UNDERTAKER: Thomas H Son

ADDRESS: 3617 Chestnut ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91024 — 92 C91021

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1904 Kennedy ave, 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalena Markert

(Residence in Baltimore: No. 1904 Kennedy ave St.; 82 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: May (Month) 28 (Day), 1833 (Year)

7-AGE: 82 yrs. 7 mos. 6 ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Frank Henneman

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Markert

(Address) 1904 Kennedy ave

15- Filed JAN 7 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 4th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31st 191 5, to Jany 4th 191 6, that I saw h alive on Jany 4th 191 6, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia 6

(Duration) yrs. mos. de.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Jan 6 1916, (Address) 1501 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL, Jan 8, 1916

20-UNDERTAKER: Jos. J. Merz 1914 — ADDRESS E. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

C91025

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91025

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 Pearl st ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Catano

(Residence in Baltimore: No. 134 Pearl st St.; yrs., 5 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, August (Month) 2nd (Day), 1911 (Year)

7-AGE,	If LESS than 1 day,
yrs. 5 mos. 4 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Frank Catano

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rose Quassiello

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Catano

(Address) 134 Pearl st

15 JAN 7 - 1916 Filed, 191 ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 6th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to Jan 6th 1916, that I saw h[illegible] alive on Jan 6th 1916, and that death occurred, on the date stated above, at 12.25 m.

The CAUSE OF DEATH* was as follows:

acute gastro enteritis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Lelio Festa M. D.

1/6/16, 191... (Address) 240 Park st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters cemetery	Jan. 7, 1916
20-UNDERTAKER W M Loutzon	ADDRESS 230 N Green

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91026

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

28 C91026

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Somerset St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Brockmeyer

(Residence in Baltimore: No. 1027 Somerset St.; 25 yrs., 1 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November (Month) 17 (Day) 1890 (Year)

7-AGE, 25 yrs. 1 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jesse E. Myers

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Anna Kraus

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr John J. Brockmeyer

(Address) 1027 Somerset St

15- Filed JAN 7 1916 191.. ROBERT J. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 5 (Day) 191 6 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 29 191 5 to Jan. 5 1916, that I saw her alive on Jan. 5 191 6, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

a Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. J. Kilcoyne M. D.

Jan. 6, 191 6 (Address) 1501 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Jan. 8, 191 6

20-UNDERTAKER Henry Hoeck & Son — ADDRESS 1301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91027

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C91027

REGISTERED No. C.....

1 PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. ..... St.: 10 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William P. Smith

(Residence in Baltimore: No. Little Sisters of the Poor St.; ..... yrs. unknown mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH unknown (Month) ....., 1 (Day), ... (Year)

7-AGE 75 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER William F. Smith

11-BIRTHPLACE OF FATHER (State or country) Unknown.

12-MAIDEN NAME OF MOTHER Catherine Perry

13-BIRTHPLACE OF MOTHER (State or country) Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- JAN 7 - 1916 Filed ....., 191.....

ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January 6th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Record ....., 191....., to, ..., 191.....,
that I saw h..... alive on ....., 191.....,
and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

unknown (Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed), F. H. Devine M. D.

Jany 6 ....., 1916 [Address] 1133 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 5 yrs 9 mos In the de. State unknown yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Little Sisters of the Poor.

19-PLACE OF BURIAL OR REMOVAL London Park

DATE OF BURIAL Jan 7, 1916

20-UNDERTAKER H. C. Waidfeld

ADDRESS 914 Gramm-Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Francis Dragan.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91028

C91028

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9 St. 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Dragan

(Residence in Baltimore: No. St. Joseph's Hospital St.; yrs. 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1894 (Year)

7-AGE. 22 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Farm.

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Antonas Dragan

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Kuckenas

13-BIRTHPLACE OF MOTHER (State or Country): Kuckenas

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bridget Dragan

(Address) 416 W. Pratt Lombard St.

15- Filed JAN 7 - 1916, 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1915, to Jan 6 1916, that I saw him alive on Jan 6 1916, and that death occurred, on the date stated above, at 1. P m.

The CAUSE OF DEATH* was as follows: Typhoid Fever

..... (Duration) ..... yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Toxaemia

..... (Duration) ..... yrs. 1 mos. 20 ds.

(Signed) Ernest A. [illegible] M. D.

Jan. 6., 1916 (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 3 ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Raynbug Md.

Former or usual residence Raynbug Md

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Janr. 9, 1916

20-UNDERTAKER John Grublauskas — ADDRESS 500 S. Broad St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91029 170 C91029

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 134 E Cross ST.: 24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Blumenrather

(Residence in Baltimore: No. 134 E Cross St.; ....yrs., ...mos. ....ds.)

Wife

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Feb (Month) 20 (Day), 1854 (Year)

7-AGE,	If LESS than 1 day,
61 yrs. 10 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, John T Newkle

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Mary Lavender

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W. Blumenrather

(Address) 134 E Cross St

15-JAN 7 - 1916 (Issued) Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 24 1915 to Jan. 5th 1916, that I saw h[illegible] alive on Jan. 5-2 1916, and that death occurred, on the date stated above, at 10 20 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

.....

..... (Duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) ....yrs. 1 mos. ....ds.

(Signed) Emma A Bonne M. D.

Jan 6, 1916. (Address) 1223 E Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Jan 8, 1916
20-UNDERTAKER	ADDRESS
Wm Cain Cook	502 E North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C91030

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 E Hoffman ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E Degler

(Residence in Baltimore: No. 1110 E. Hoffman St.; 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Feb (Month) 12 (Day) 1844 (Year)

7-AGE, 71 yrs. 10 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Degler

(Address) 1110 E. Hoffman St.

15- JAN 7 - 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1916, to Jan 5th 1916, that I saw h- alive on Jan 4th 1916, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage (Acute)

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Jan 5th, 1916 (Address) 2044 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: Jan 8, 1916

20-UNDERTAKER: Geo M. Fiedler | ADDRESS: 814 Hoffman

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

A91631 C91031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1025 1/2 E Fort Ave ST. 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George T Knight

(Residence in Baltimore: No. 1025 1/2 E Fort Ave St.) 70 yrs., 7 mos. 27 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH. May 9, 1845. (Month) (Day) (Year)

7-AGE, 70 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler Maker ?
(b) General nature of industry, business, or establishment in which employed (or employer): Retired ?

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jacob Knight

(Address) 1025 1/2 E Fort Ave

15- Filed JAN 7 - 1916 191... HOBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 5 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Senile Decay

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) ... yrs. ... mos. 7 ds.

(Signed) Edw Gruenbaum M. D. (Coroner.)

Jan 7, 1916. (Address) 817 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery — DATE OF BURIAL, January 8, 1916

20-UNDERTAKER, H. & M. S. Flynn — ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91032 — 163 C91032

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hos. ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME (instead of street and number) and fill out No. 18.)

2-FULL NAME James M. Hambill (Gambrell)

(Residence in Baltimore: No.) Franklin Square Hosp. St.: 2 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Jan (Day) 1 (Year) .....

7-AGE, 46 yrs. ..... mos. ..... ds.

If LESS than 1 day. ....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Owner —

9-BIRTHPLACE, (State or Country). S. C.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Brooks

(Address) Calhoun & Hollins

15. JAN 7 - 1916 ROBART • KRAUTER, Filed ..... 191 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from OCT 31 1915, to Jan 6 1916, that I saw h-im alive on Jan 6 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocele Stenosis
Sacro-uterostomy performed
Nov. 2

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Duramitis

(Duration) 2 yrs. 2 mos. ds.

(Signed) Edw. H. Barr M. D.

Jan 7, 1916 (Address) Franklin Sq Hos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State yrs. 2 mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence Anderson S. C.

19-PLACE OF BURIAL OR REMOVAL: Robert Brookeen — DATE OF BURIAL, Jan 7, 1916

20-UNDERTAKER Robert Brookeen — ADDRESS Calhoun

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91033 HEALTH DEPARTMENT--CITY OF BALTIMORE C91033

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 14

CITY OF BALTIMORE (No. 1419 Ward ST. 21 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elejah Swan

(Residence in Baltimore: No. 1419 Ward St. 30 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: Black | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March — (Month) (Day), 1856 (Year)

7-AGE: 60 yrs. — mos. — ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Hod Carrier
(b) General nature of industry, business, or establishment in which employed (or employer): Building Work

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Benj. F. Swan

(Address) 1333 Carroll St

15 Filed JAN 7- 1916 191 ROBERT J. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 4th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1915, to Jan 4, 1916, that I saw h[illegible] alive on Dec 28th, 1915, and that death occurred, on the date stated above, at 6.20 p m.

The CAUSE OF DEATH* was as follows:

(a) Endocarditis

[illegible] (Duration) — yrs. — mos. — ds

Contributory (SECONDARY) Senility

(Duration) — yrs. — mos. — ds.

(Signed) G. L. Buxton M. D.

1-6-, 1916 (Address) 301 E Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn | DATE OF BURIAL: Jan. 7th, 1916

20-UNDERTAKER: George H. Holland | ADDRESS: 511 Robert St

Spec.—8-24-14—M. & T.—2000 Bks.

Dr M^c Carthy

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91034 — 10 — C91034

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527½ Lafayette Av ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ryan

(Residence in Baltimore: No. 527½ W Lafayette Av St.: Fife yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, unknown (Month) (Day) 1837 (Year)

7-AGE, 79 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, John Meagher

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Julia Bader

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Meagher

(Address) 527 W Lafayette Av

15-JAN 7 - 1916 ROBERT P. KRAUTER, Registrar.

Filed....., 191.... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 7th (Month) (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from January 1916, to Jan 6th 1916, that I saw h[illegible] alive on Jan 6th 1916, and that death occurred, on the date stated above, at 9A. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis - Uraemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) yrs. mos. 3 ds.

(Signed) J. T. Mc Carthy M. D.

Jan 8th 191.. (Address) 614 W Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Jan 8.., 1916

20-UNDERTAKER M. Fahey & Son — ADDRESS 604 Lafayette Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91035 104 C91035

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infnt Asy. St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor White

(Residence in Baltimore: No. St. Vincents Infant Asylum St.: yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. 18, 1914. (Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 18 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St.

15- JAN 7 - 1916 ROBERT . KRAUTER, Registrar
Filed ..... 191... Local Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 28 1915, to January 5th 1916, that I saw her alive on January 5th 1916, and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Gastro intestinal intoxication

(Duration) yrs. mos. 8 ds.

(Signed) Earle C. Brown M. D.

Jan. 6, 1916. (Address) 5 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State 1 yrs. 2 mos. 18 ds.

Where was disease contracted, if not at place of death?

Former or usual residence St Vincents Inf Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, Jan 7th, 1916

20-UNDERTAKER H. Fahey & Sons ADDRESS 606 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91036 C91036

CERTIFICATE OF DEATH.

D 90

1-PLACE OF DEATH REGISTERED No. C

CITY OF BALTIMORE: (No. 1226 Carroll St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Smith

(Residence in Baltimore: No. 1226 Carroll St St.; Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fmale

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1844 (Year)

7-AGE, 72 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Smith

(Address) 1226 Carroll St

15- ROBERT J. GRAHAM
Filed JAN 7 - 1916 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4 1916, to June 6 1916, that I saw h— alive on June 6 1916, and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 1 yrs. ... mos. ... ds.

(Signed) Stephen Strain M. D.

June 6, 1916. (Address) 1777 Columbia St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount DATE OF BURIAL, Jan 8, 1916

20-UNDERTAKER M. Fahey & Sons ADDRESS 604 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91037

CERTIFICATE OF DEATH.

13 C91037

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Rosa Davis

(Residence in Baltimore: No. 916 Ryan St.; 2 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, September (Month) (Day), 1891 (Year)

7-AGE, 25 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Christian Pittsen

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Katherine Beckstein

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry L Davis

(Address) 916 Ryan

15. Filed JAN 7 - 1916 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27 1915, to January 1916, that I saw h[er] alive on January 6 1916, and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Fatty Cirrhosis of liver

(Duration) unknown yrs. mos. ds.

(Signed) E. Howard Donella M. D.

1/7/16 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 916 Ryan Ave

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Jan 8..., 1916

20-UNDERTAKER: W M Routzon

ADDRESS: 2301 Green

C91038

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

157 C91038

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 638 W. Lexington St.; 4 WARD) Registered No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of John & Rose Lample

(Residence in Baltimore: No. 638 W. Lexington St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (If write the word)
Male	White	Single

6-DATE OF BIRTH: Jan (Month) 6 (Day), 1916 (Year)

7-AGE: — yrs. — mos. — ds. If LESS than 1 day, hrs. or 3 min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: John Lample

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Rose Zinkhoan

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Lample

(Address) 638 W Lex St

15 JAN 7 - 1916 ROBERT . BRADTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Only lived a few minutes after birth, 191 , to 191 , that I saw h[illegible] alive on 6th Jan, 1916, and that death occurred, on the date stated above, at 9. P m.

The CAUSE OF DEATH* was as follows:

Premature birth 6 months

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H K Tornoch M. D.

Jan 7th, 1916. (Address) 117 W. Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lindenwood Cem. DATE OF BURIAL: Jan. 7, 1916

20-UNDERTAKER: Geo A Moran ADDRESS: Baltimore

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91039

HEALTH DEPARTMENT---CITY OF BALTIMORE

81 C91039

CERTIFICATE OF DEATH

1 PLACE OF DEATH Hahnemann General Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 122 Mount St. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanch Elizabeth Barber

(Residence in Baltimore: No. 1223 McCulloh St.; yrs. Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 26th (Day), 1848 (Year)

7-AGE: 67 yrs. 7 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: 22
(b) General nature of industry, business, or establishment in which employed (or employer): Seamstress At Home.

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Wales

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Wales

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Johnston

(Address) 1409 Poplar Grove Ave

15 JAN 7 - 1916 Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1915, to, Jan 6 1916, that I saw h-r alive on Jan 5 1916, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Sclerosis of the Coronary arteries

Not Known (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Marie Estelle Ingram M. D.

Jan 7, 1916 [Address] 2439 N Charles St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos 17 ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1223 N. McCulloh St

19-PLACE OF BURIAL OR REMOVAL: New Port Rhode Island

DATE OF BURIAL: Jan 8th, 1916

20-UNDERTAKER: George J Smith

ADDRESS: 1000 N Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91040 64 C91040

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 Druid Hill Ave St.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Hargadon.

(Residence in Baltimore: No. 2314 Druid Hill Ave St.; 57 yrs., mos. 3 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH January 2, 1859
(Month) (Day) (Year)

7-AGE, 57 yrs. mos. 3 ds.

If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) House Work

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Bryan Hargadon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Kilcullen

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice Magruder

(Address) 2314 Druid Hill Ave

15- Filed JAN 7 - 1916 ROBERT . KRAUTHR, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Jan 6 1916, that I saw h[illegible] alive on Jan 6 1916, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Jan 6th, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Jan 8, 1916.

20-UNDERTAKER John J Conroy Son ADDRESS 901 Hollins

C91044

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C91044

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1518 Druid Hill ave ST.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Henry Fauntleroy

(Residence in Baltimore: No. 1518 Druid Hill Ave. St.: 0 yrs. 5 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug (Month) 13 (Day), 1915 (Year)

7 AGE: 0 yrs. 5 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9 BIRTHPLACE (State or country): Balto Md. Johns Hopkins Hospital

PARENTS

10 NAME OF FATHER: Lester Fauntleroy

11 BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Annie Harcum

13 BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Kate Waters

(Address) 518 Druid Hill Ave

15 Filed JAN 7 - 1916, 191 ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 6 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1916, to Jan 5 1916, that I saw h[im] alive on Jan 5th, 1916, and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lt Broncho

Cause not positively known.

(Duration) 0 yrs. 0 mos. 2 ds

Contributory (SECONDARY) Malnutrition

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) S A Dodds M. D.

Jan 6, 1916 (Address) 3101 Clifton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: 7 1916

20 UNDERTAKER: Samuel T Hemsley

ADDRESS: 578 W Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

CB1042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CB1042

CERTIFICATE OF DEATH.

56

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 728 E. Pratt St. St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Ryan

(Residence in Baltimore: No. 728 E. Pratt.

St.: 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1 (Year)

7-AGE, about 30 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer ?
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), N. Y

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ... Charles Dellth

(Address) ... 728 E. Pratt St

15-

Filed JAN 8 - 1916, 191.. Burial Permit Clerk's Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcohol poisoning

Cardiac failure

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... Thos. Schaeuber (Coroner.) ... M. D.

Jan. 6., 1916. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Trinity Cem	Jan. 8, 1916

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91043

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91043

CERTIFICATE OF DEATH.

× 167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp St. 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Williams Grace

(Residence in Baltimore: No. 1100 Bouldin St.: yrs. 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar 3, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 10 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Guano Fact.

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Henry Grace

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Sarah Carpenter

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Grace

(Address) 1100 N Bouldin St

15- Filed JAN 8 - 1916 HARRY O. ANDERSON, 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns over entire body caused by being scalded

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edgar L Faust M. D. (Coroner)

Jan 6, 1916. (Address) 156 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Jan 8, 1916

20-UNDERTAKER Robt J Summerville ADDRESS 2 W Bway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91044 HEALTH DEPARTMENT—CITY OF BALTIMORE C91044

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Hoffman

(Residence in Baltimore: No. 1432 Anthony St St.: 16 yrs., — mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec (Month) 30 (Day); 1899 (Year)

7-AGE, 16 yrs. — mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sales Lady 66
(b) General nature of industry, business, or establishment in which employed (or employer): Dept Store

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. John Hoffman

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER. Annie Keppler

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hoffman

(Address) 1432 Anthony St

15-

Filed JAN 8 - 1916 1916 HARRY O. ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 6th (Day); 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 30th 1915, to Jan 6th 1916, that I saw her alive on Jan 6th 1916, and that death occurred, on the date stated above, at 6.10 A. m.

The CAUSE OF DEATH* was as follows:

Typhoid Septicemia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Typhoid Fever

(Duration) yrs. 1 mos. 20 ds.

(Signed) Frank E Shipley M. D.

Jan. 6th 1916 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 7 ds. In the State 16 yrs. — mos. 7 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1432 Anthony St.

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. Jan. 9, 1916

20-UNDERTAKER Joseph B Cook ADDRESS 1003 West Baltimore St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C01015 C01015

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 S. Carey ST.: 21 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret J. Bird

(Residence in Baltimore: No. 908 S. Carey St.: 66 yrs., 4 mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	married

6-DATE OF BIRTH. August 29, 1849 (Month) (Day) (Year)

7-AGE. 66 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Alexander Pontton

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Harriet Prichard

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles F. Bird

(Address) 908 S. Carey St.

15- JAN 8 - 1916 HARRY O. ARLEANS, Filed ....., 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 5, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 11 1915, to January 6 1916, that I saw her alive on January 3 1916, and that death occurred, on the date stated above, at 3.8 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chester A Riland M. D.

1-5-, 1916 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Jan 8, 1916

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C91046

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91046

CERTIFICATE OF DEATH.

1320

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 Montebello av ST.; 9 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allan a Howard

(Residence in Baltimore: No. 3111 Montebello Ave St.; 60 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Unknown (Month) (Day), 1844 (Year)

7-AGE, 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Stationary

9-BIRTHPLACE, (State or Country). Petersburg Va

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country). Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter A Howard

(Address) 3111 Montebello ave

15- Filed JAN 8 - 1916, 191. MABEL O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany (Month) 6 (Day); 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 12 1915 to Jany 6th 1916, that I saw him alive on Jany 5th 1916, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) Wm F Pillsbury M. D.

Jany 6th, 1916. (Address) 2801 Piedmont ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cemt

DATE OF BURIAL. Jany 9, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North ave

Spec—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91047

1915 27 1916

CERTIFICATE OF DEATH.

92

REGISTERED NO. C 91047

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Hamburg ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Nora Shea (Shea)

(Residence in Baltimore: No. 1105 W. Hamburg St.: ..yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, July 27, 1888 (Month) (Day) (Year)

7-AGE, 27 yrs. 5 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-
(b) General nature of industry, business, or establishment in which employed (or employer): wife

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jacob Fink

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Sarah E. Bates

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Shea

(Address) 1105 W. Hamburg

15-

Filed JAN 8 = 1916 ... 50 ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Jan 5 1916, that I saw h[er] alive on Jan 5 1916, and that death occurred, on the date stated above, at 6½ p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. Finley Shoe Jr. M. D.

Jan 6, 1916 (Address) 724 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet

DATE OF BURIAL, Jan 8, 1916

20-UNDERTAKER Jas. Diguan & Son

ADDRESS Lexington & Paca

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C910[illegible]3 — 15 — C91048

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2837 Remington Ave 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Spencer M. Nash Jr

(Residence in Baltimore: No. [illegible] St.) Reputation yrs. mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan 1, 1916 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Spencer M. Nash Sr

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Price

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Nash

(Address) 2837 Remington Ave

15 Filed JAN 8 - 1916 1916 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 7th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1916, to Jan 7 1916

that I saw h[illegible] alive on Jan 7, 1916

and that death occurred on the date stated above, at 10.30 a m.

The CAUSE OF DEATH* was as follows:

1 1/2 Months Uterine Pregnancy

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. A. Richardson M.D.

Jan 7, 1916 (Address) 1120 N 25 St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL: Jan 8, 1916

20 UNDERTAKER: Sam'l. Boreton — ADDRESS: 1400 Mosher

MARK O ANDREWS, Burial Permit Clerk

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91049 146 C91049

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Prot. Infirmary ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robertson Riggs

(Residence in Baltimore: No. Union Protestant Infirmary St.; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Dec 11, 1896 (Month) (Day) (Year)

7-AGE, 19 yrs. mos. 27 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): Military School

9-BIRTHPLACE, (State or Country), Chattanooga Tenn.

PARENTS.

10-NAME OF FATHER, Robertson Riggs Jr.

11-BIRTHPLACE OF FATHER (State or Country), Alabama

12-MAIDEN NAME OF MOTHER Emlaie Landis

13-BIRTHPLACE OF MOTHER (State or Country), Jackson Tenn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Riggs

(Address) Chattanooga Tenn.

15- JAN 8 - 1916 Filed ..... 191 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1916, to Jan 7 1916, that I saw him alive on Jan 7 1916, and that death occurred, on the date stated above, at 6.40 p.m.

The CAUSE OF DEATH* was as follows:

Osteo Encondroma (Vertebra)

(Duration) 6 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Post Operative Shock

(Duration) yrs. mos. ds.

(Signed) Dennis L. Chaffee M. D.

Jan. 7..., 1916. (Address) Union Prot. Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. 4 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Chattanooga Tenn.

19-PLACE OF BURIAL OR REMOVAL, Chattanooga Tenn

DATE OF BURIAL, Jan. 8..., 191 5

20-UNDERTAKER Joseph Bloch

ADDRESS 1023 McCallie Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91059

CERTIFICATE OF DEATH.

19 C91050

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 722 Cider alley ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas Miller

(Residence in Baltimore: No. 722 Cider alley

St.: 1 yrs., 1 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1 (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 633
(b) General nature of industry, business, or establishment in which employed (or employer)..... Coal Shoveler

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Georgia Patterson

(Address)..... 722 Cider al

JAN 8 - 1916 HEALTH DEPARTMENT

Filed..... Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ongoing (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ongoing (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Emphysema of Lungs

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Organic heart disease

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. J. Hayes M. D.
(Coroner)

Jan 7, 1916. (Address) 24 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, Jany 8, 1916

20-UNDERTAKER J. L. Brown ADDRESS Box 108 Montg

Spec.—8-24-14—M. & T.—2000 Bks.

C91051

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91051

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 N. Washington St.; 6 WARD)

REGISTERED NO. C 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Meisel

(Residence in Baltimore: No. 129 N. Washington St.; 7 yrs., 6 mos., 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	Single

6-DATE OF BIRTH, July 2nd, 1908
(Month) (Day) (Year)

7-AGE, 7 yrs. 6 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thos F Meisel

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Annie Konig

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos F Meisel

(Address) 129 N. Washington St.

15- Filed JAN 8 - 1916 1916 HARRY O ARDREWS, City Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to Jan 7 1916, that I saw h er alive on Jan 6 1916, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar (Malignant)

(Duration) ....yrs. ....mos. ½ ds.

CONTRIBUTORY (Secondary) Toxaemia

(Duration) ....yrs. ....mos. ½ ds.

(Signed) A T Bowen M. D.

Jan 7, 1916. (Address) 1924 E. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Alphonsus Cemetery — DATE OF BURIAL, Jan 8, 1916

20-UNDERTAKER Lilly & Zeiler — ADDRESS 403 N. Wolfe

10 A.M.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91052

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C91052

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 2407 Orleans ST. 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Nastel

(Residence in Baltimore: No. 2407 Orleans St.; 61 yrs. 4 mos. 0 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Aug (Month) 5th (Day), 1854 (Year)

7 AGE: 61 yrs. 4 mos. 0 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md (City)

PARENTS

10 NAME OF FATHER: Thomas Koestner

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise Kost

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Nastel

(Address) 2407 Orleans St

15 Filed JAN 8 - 1916, 191 HARRY O ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 5th (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 31st, 1915, to Jan 4th 1916, that I saw h[er] alive on Jan 4th 1916, and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Elijah J Russell M. D.

Jan 5th, 1916. (Address) 1100 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 8, 1916

20 UNDERTAKER: Lilly Zeller — ADDRESS: 4038 Wolfe St

C91053

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91053

CERTIFICATE OF DEATH.

79 REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp. ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Pearson

(Residence in Baltimore: No. 3017 Hudson St St.; 1 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1 (Year)

7-AGE, About 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Diver Pearl
(b) General nature of industry, business, or establishment in which employed (or employer): Professional

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Carey

(Address) 3017 Hudson St

15- Filed JAN 8 - 1916, 191.... MARY C ARRANS Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 6th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah L. Russell M. D. (Coroner.)

Jan 6th, 1916 (Address) 156 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3017 Hudson St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, January 6 1916

20-UNDERTAKER Mundell Lippold & Son

ADDRESS 37 E Lanvale St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91054 C91054

CERTIFICATE OF DEATH. x 170

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose A. Strong

(Residence in ~~Baltimore~~: No. Mercy Hospital St.; ..... yrs., 1 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... (Month) Dec (Day) 24, (Year) 1865 (1865)

7-AGE, 50 yrs. 11 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country): Kent Co, Md

PARENTS.

10-NAME OF FATHER: William Crouch

11-BIRTHPLACE OF FATHER (State or Country): Talbot Co. Md.

12-MAIDEN NAME OF MOTHER: Amy Copland

12-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Strong

(Address) Calvert St.

15- JAN 8 - 1916 Filed ....., 191.... ROBERT , KRAUTER. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan (Day) 7, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Nov 22 1915, to Jan 7 1916, that I saw h[illegible] alive on Jan 7 1916, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia Multiple

.....

.....

..... (Duration) Two Days yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) [illegible] yrs. .... mos. .... ds.

(Signed) Charles L. Grant M. D.

Jan 7, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. 1 mos. 15 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Cockeysville

Former or usual residence Cockeysville

19-PLACE OF BURIAL OR REMOVAL, Cockeysville Md — DATE OF BURIAL, 1/8/..... 1916

20-UNDERTAKER Geo. W. Means & Son — ADDRESS 10 S. N. Calvert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~191055~~ 50 ~~191055~~

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Wilcox ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothea M. Herring

(Residence in Baltimore: No. 1005 Wilcox St.; 20 yrs., 2 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, October (Month) 18 (Day), 1895 (Year)

7-AGE, 20 yrs. 2 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, Joseph J. Herring

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Julia Horbick

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Julia Herring

(Address) 1005 Wilcox St

15- JAN 8 - 1916 ROBERT P. KRAUTER, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1916, to Jan 6 1916, that I saw h Sr alive on Jan 7 1916, and that death occurred, on the date stated above, at 9.25 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(Duration)....yrs. 1 mos.....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs.....mos.....ds.

(Signed) Dr. Bernard Levin M. D.

117, 191.6 (Address) 914 E. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Jan 11, 1916

20-UNDERTAKER Henry Hoeck Son — ADDRESS 139 E Eager St

1. Fully form of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91056 C91056

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 N. Eden ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Distance

(Residence in Baltimore: No. 620 N. Eden, St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 19 1864, 1 (Month) (Day) (Year)

7-AGE, 51 yrs. 2 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer). At Home.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Alexander Brooks.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Matilda Jefferson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen B. Distance

(Address) 620 N. Eden St.

15- Filed JAN 8 - 1916, 191.... ROBERT J. KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 6, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29 1915, to Jan 6 1916, that I saw h.r alive on Jan 6 1916, and that death occurred, on the date stated above, at 10.35 P. m.

The CAUSE OF DEATH* was as follows:

La Grippe Pneumonia

(Duration) .... yrs. .... mos. 8 ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) .... yrs. .... mos. 6 ds.

(Signed) J. Russell Lord M. D.

1-6, 1916. (Address) 2311 Harlem Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Jan. 10th, 1916.

20-UNDERTAKER Felix B. Pyle. — ADDRESS 1026 Mulberry St

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. ... should be carefully supplied. AGE should be ... properly classified. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91057.

CERTIFICATE OF DEATH.

gv C91057

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 N. Bond ST.; 8 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. DeHaven

(Residence in Baltimore: No. 1227 N. Bond St.; 68 yrs., 6 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June 17, 1847 (Month) (Day) (Year)

7-AGE, 68 yrs. 6 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Levin Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Ennis

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... E. Thos. Hamm

(Address)..... 1227 N. Bond

15- JAN 8 - 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1916, to Jan. 5, 1916, that I saw her alive on January 4, 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Edwin B. Fenby, M. D.

Jan. 7, 1916. (Address) 1223 N. Caroline st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem.

DATE OF BURIAL, Jan. 8, 191.6

20-UNDERTAKER Prof. E. Evans & Son

ADDRESS 1122 E. Chas. St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B. Each item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91058

CERTIFICATE OF DEATH.

64 C91058

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Oakley ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Newcome

(Residence in Baltimore: No. 2001 Oakley St.; 52 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Single

6-DATE OF BIRTH, April 15th, 1864.
(Month) (Day) (Year)

7-AGE, 69 yrs. 6 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, John F. Newcome

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Eckle

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. F. Whitley

(Address) Cecil Apts

15- Filed JAN 8 - 1916, 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1915, to Jan 7 1916, that I saw h alive on Jan 6 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis
Cerebral Hemorrhage
(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia
(Duration) yrs. 2 mos. ds.

(Signed) [illegible] M. D.

Jan 7, 1916 (Address) 7802 Radnor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. June 8... 1916.

20-UNDERTAKER. E. M. Mate Lee + Co

ADDRESS 201 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ALL questions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—8-24-14—M. & T.—2000 Bks.

Dr Tourney

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91059

CERTIFICATE OF DEATH.

8 | C91059

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 E. North Ave ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann R. Mullan.

(Residence in Baltimore: No. 423 E North Ave St.; 75 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
female.	white.	Single

6-DATE OF BIRTH, ... Unknown, 1815.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
100 yrs. ..... mos. ..... ds.	..... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None.

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, John Mullan.

11-BIRTHPLACE OF FATHER (State or Country) Ireland.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mrs. W. S. Gannon

(Address) 457 Whitridge Ave.

15- JAN 8 - 1916 ROBERT F. BRAUER, Filed ....., 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 191 6, to Jan 6 191 6, that I saw her alive on Jan 6 191 6, and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

..... Old Age.
..... Arterio Sclerosis
..... (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Heart failure
..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Reginald S Tourney M. D.

Jan 6, 1916 (Address) 414 2 North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral.	Jan 11, 1916.
20-UNDERTAKER	ADDRESS
Wm Cook &	502 E. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91060

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C91060

REGISTERED No. C

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE (No. 2719 Penna Ave ST. 13 WARD)

2 FULL NAME Carrie Smith

(Residence in Baltimore: No. 2719 Penna Ave)

AGE 54 yrs 11 mos 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ DIVORCED (If you use the word): Married

6 DATE OF BIRTH: Feb 10, 1861 (Month) (Day) (Year)

7 AGE: 54 yrs. 11 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work: House Wife (b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Henry Taylor

11 BIRTHPLACE OF FATHER (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Sophia Donaldson

13 BIRTHPLACE OF MOTHER (State or country): Balto Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cora M Bowen

(Address) 2723 Penna Ave

JAN 8 - 1916 Filed 191

ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 7, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1916, to January 7, 1916, that I saw her alive on January 7, 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcenoma of Stomach operation 3 mos ago

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos.

Signed Thomas J. Talbott M. D.

January 7 1916 (Address) Marlborough & Pc

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Marys Hampton

DATE OF BURIAL: Jan 8 1916

20 UNDERTAKER: Hillian Cook

ADDRESS: 602 E Mott St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91061

CERTIFICATE OF DEATH.

C91061

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Park ave ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Melville Parlett

(Residence in Baltimore: No. 1617 Park ave St.; ..... yrs., five mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very supplied. Information should be carefully supplied.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1861 (Year)

7-AGE, 54 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Thomas S. Evans

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Carrie Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss C. M. Parlett

(Address) 1617 Park Ave

15- JAN 8 1915 191 ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan (Day) 4, (Year) 1914

17- I HEREBY CERTIFY, That I attended deceased from Dec 14th 1913, to Jan 4 1914, that I saw h[e] alive on Jan 4th 1914, and that death occurred, on the date stated above, at 4-15 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Influenza General infection

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) C. B. Gamble Jr M. D.

Jan 7th, 1914. (Address) 24 W. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge

DATE OF BURIAL, January 8 1914.

20-UNDERTAKER Henry W. Jenkins & Sons

ADDRESS C. M. Bulloch Sole Agent

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91062

CERTIFICATE OF DEATH.

C91062

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp ST.; Lafayette & John St 108 WARD) 14

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Eleanor Worsey Bartell

(Residence in Baltimore: No. Woman's Hospital St.; ... yrs., ... mos. 1½ ds.)

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Nov 14, 1897 (Month) (Day) (Year)

7-AGE, 18 yrs. 1 mos. 24 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William H. Worsey

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Rosabee Hazlett

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Hendricks

(Address) Woman's Hosp

15 JAN 8 - 1916 ROBERT . KRAUTER

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1916, to Jan 7 1916, that I saw h[illegible] alive on Jan 7 1916, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute diffuse Peritonitis

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Pregnancy

(Duration) ... yrs. 4 mos. ... ds.

(Signed) C. P. Haynes M. D.

Jan 7, 1916. (Address) Woman's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1½ ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Catonsville Md

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, 1-9-, 1916

20-UNDERTAKER H. O. Jenkins Sons Co

ADDRESS Orchard McCulloh

D. A. K.

S. A. F.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91063 — 120 — C91063

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 E. Jefferson ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Rodger

(Residence in Baltimore: No. 2429 E Jefferson St.; 18 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH March 11 (Month), 1844 (Day) (Year)

7-AGE 71 yrs. 9 mos. 28 ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Engineer B.R. 53
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Wilmington Del

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catherine M. Rodger

(Address) 2429 E. Jefferson St

15- Filed JAN 8 - 1916 ROBERT, KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 8th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1915, to Jan 8 1916, that I saw h.. alive on Jan 8 1916, and that death occurred, on the date stated above, at 3:25 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) yrs mos. 4 ds.

Contributory (SECONDARY) Chronic Nephritis. Dysentery

(Duration) yrs 3 mos. ds.

(Signed) Alvin B Duncan M. D.

Jan 8 1916 [Address] 1517 N Patterson Pk

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetary — DATE OF BURIAL: Jan 11 1916

20-UNDERTAKER: Christian Miller — ADDRESS: 2[illegible] E Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91064

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C91064

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2228 E Monument St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Leonard Rauss

(Residence in Baltimore: No. 2228 E. Monument St.; 42 yrs. 2 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Nov 6 (Month), 1873 (Day), (Year)

7-AGE 42 yrs. 2 mos. — ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Produce Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Retail

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Rauss

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Kunigunda Bleisteine

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Kunigunda Rauss

(Address) 2228 E. Monument St

15- Filed JAN 8 - 1916 ROBERT . KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jany 6th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 15 Oct., 1915, to, Jany 5 1916, that I saw him alive on Jan 5 1916, and that death occurred, on the date stated above, at 7.40 a m.

The CAUSE OF DEATH* was as follows:

Clinical diagnosis
Carcinoma Stomach

(Duration) yrs 6 mos. ds.

Contributory (SECONDARY) .....

(Duration) yrs. mos. ds.

(Signed) J. H Collenberg M. D.

Jany 6, 1916. [Address] 1810 E Baltimore St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemetary — DATE OF BURIAL: Jan 9, 1916

20-UNDERTAKER: Christian Miller — ADDRESS: 2854 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C91065

CERTIFICATE OF DEATH

28 C91065

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N. Port ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Feuchter

(Residence in Baltimore: No. 423 N. Port St.; 56 yrs. 3 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept 19 (Month) (Day) 1859 (Year)

7-AGE: 56 yrs. 3 mos. 17 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Potter 349
(b) General nature of industry, business, or establishment in which employed (or employer): Pottery

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Joseph P. Feuchter

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Barbara Gerstenacker

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Feuchter

(Address) 423 N. Port St

15- Filed JAN 8 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 3 (Month) 16 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15, 191/, to, Jan 5 1916, that I saw h... alive on Jan 4 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

8 — (Duration) yrs mos ds

Contributory (SECONDARY) ... (Duration) ... yrs ... mos ... ds

(Signed) John D. Finch M. D.

Jan 7, 191 6 [Address] 4369 Monument St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemetery DATE OF BURIAL: Jan 8/16, 191

20-UNDERTAKER: Christian Miller ADDRESS: 2004 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91066

CERTIFICATE OF DEATH.

79 C91066

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 Biggs St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar F. Arnold

(Residence in Baltimore: No. 1920 Biggs Ave St.: 15 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 30th, 1849. (Month) (Day) (Year)

7-AGE, 66 yrs. — mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman 50
(b) General nature of industry, business, or establishment in which employed (or employer): Real Estate

9-BIRTHPLACE, (State or Country), Balto Co. Md.

PARENTS.

10-NAME OF FATHER, Edgar F. Arnold

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md.

12-MAIDEN NAME OF MOTHER Matilda Edmonds

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. E. Arnold

(Address) 1925 Biggs Ave

15- Filed JAN 8 - 1916, 191.... ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 8, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 17th 1915, to Jan 8 1916, that I saw h— alive on 7th Jan 1916, and that death occurred, on the date stated above, at 12 10 a m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 7 Hypertrophy

Pneumonia

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Appendicitis

(Duration) yrs. mos. ds.

(Signed) Wm A Dunnell M. D.

1 8 16, 191... (Address) 427 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Jan 9th, 1916

20-UNDERTAKER Wm. Holt & Son ADDRESS 1235 Lafayette Ave

C91067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C91067

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 707 N Madeira ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Kulyseck

(Residence in Baltimore: No. 707 N Madeira St.: (yrs. 17) mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov 2nd, 1849 (Month) (Day) (Year)

7-AGE, 66 yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture factory

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kulseck

(Address) 707 N Madeira St

15- JAN 8 - 1916 Filed....., 191.... ROBERT , KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 7th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Ephraim L. Russell M. D. (Coroner)

Jan 7, 1916 (Address) 1.S.& N. Millbourne

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill

DATE OF BURIAL, Jan 9, 1916

20-UNDERTAKER Frank Cracken

ADDRESS 1904 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C91068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91068

REGISTERED No. C 1579

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Lewis

(Residence in Baltimore: No. 3101 W. North Ave St.; 7 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Unknown, (Month) (Day) 1840 (Year)

7-AGE,	If LESS than 1 day,
75 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Painter
(b) General nature of industry, business, or establishment in which employed (or employer): 835

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, James Lewis

11-BIRTHPLACE OF FATHER (State or Country). U. S. Pa.

12-MAIDEN NAME OF MOTHER Emeline Kohn

13-BIRTHPLACE OF MOTHER (State or Country), U. S. Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased Jacob Lewis

(Address) 3101 N. Ave

15- Filed JAN 8 1916 ROBERT . KRAUTHER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1916, to Jan 8 1916, that I saw h[im] alive on Jan 8 1916, and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Chronic Catarrhal Bronchitis
(Duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobular Pneumonia
(Duration) not known yrs. mos. ds.

(Signed) M. D. Lyons M. D.

Jan 8, 1916. (Address) 1 West Mt Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1x ds. In the State 7 yrs. mos. ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 3101 W. North Ave.

19-PLACE OF BURIAL OR REMOVAL, Philadelphia Pa. DATE OF BURIAL, June 8, 1915

20-UNDERTAKER, E. Evans & Son ADDRESS 118 W. Mt Royal Ave

C91069

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C91069

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1910 W. Mosher ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Harry C. Davidson

(Residence in Baltimore: No. 1910 West Mosher St.: 15 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH Sept 6, 1869 (Month) (Day) (Year)

7 AGE 46 yrs. 4 mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Retired Salesman 666
(b) General nature of industry, business, or establishment in which employed (or employer) Hardware.

9 BIRTHPLACE (State or country) Virginia

PARENTS

10 NAME OF FATHER Wallace Davidson

11 BIRTHPLACE OF FATHER (State or country) New York

12 MAIDEN NAME OF MOTHER Mary A. Charlton

13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Carrie Davidson

(Address) 1910 W Mosher St

15 FILED JAN 8 - 1916 ROBERT , KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 7, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1915, to Jan 6 1916.
that I saw him alive on Jan 6, 1916.
and that death occurred, on the date stated above, at 2 A m.
The CAUSE OF DEATH* was as follows:

Chron Interstitial Nephritis

(Duration) — yrs. 6 mos. ds

Contributory (SECONDARY) Uraemia

(Duration) yrs. 1 mos. ds.

(Signed), Chas E. Conser M. D.

Jan 7, 1916 (Address) 110 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Woodlawn — DATE OF BURIAL Jan 10, 1916

20 UNDERTAKER Jos B Cook — ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91070 HEALTH DEPARTMENT---CITY OF BALTIMORE C91070

CERTIFICATE OF DEATH

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 W. Biddle St.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Davis

(Residence in Baltimore: No. 422 W. Biddle St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Col.	Single

6-DATE OF BIRTH: Jan (Month) 5 (Day) 1912 (Year)

7-AGE: 4 yrs. — mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Floyd Davis

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Bessie Peters

13-BIRTHPLACE OF MOTHER (State or country): W. Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Floyd Davis

(Address) 422 W Biddle

15 JAN 8 - 1916 ROBERT . KRAUTER, Burial Permit Clerk

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 6 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1916, to, Jany 6 1916, that I saw h-- alive on Jany 6 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs mos 7 ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) H. S. Peltekian M. D.

Jany 7 1916 [Address] 817 Hamilton Terrace

* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence: Baltimore Maryland

19-PLACE OF BURIAL OR REMOVAL: [illegible] DATE OF BURIAL: 1/8/16 191

20-UNDERTAKER: [illegible] ADDRESS: 578 N Bidale

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91071 — 28 — C91071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 N. 38th St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Watson

(Residence in Baltimore: No. 1006 N. 38th St. St.; 20 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct. 27, 1883 (Month) (Day) (Year)

7-AGE, 32 yrs. 2 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Helper

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Harrison Watson

11-BIRTHPLACE OF FATHER (State or Country). Georgia

12-MAIDEN NAME OF MOTHER Mary C. Newman

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. L. Watson

(Address) 3412 Seneca St

15- ALBERT J. KRAUTER, Burial Permit Clerk

Filed JAN 8 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Jany 6 1916, that I saw h[illegible] alive on Jany 6 1916, and that death occurred, on the date stated above, at 4-40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Jan. 7, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's (Hampden) DATE OF BURIAL, Jan. 9, 1916.

20-UNDERTAKER Horace Burgee & Son ADDRESS 3631 Falls Rd.

Spec.—8-24-14—M. & T.—2000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C31072 45 C31072

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 W. Mulberry ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry W. Bowden

(Residence in Baltimore: No. 1208 W. Mulberry St.: 36 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, October (Month) 15 (Day), 1872 (Year)

7-AGE, 43 yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Proprietor

9-BIRTHPLACE, (State or Country), Baltimore Co Md

PARENTS.

10-NAME OF FATHER, William Bowen

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary C. Wilhelm

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary C. Bowen

(Address) 1208 W. Mulberry St

15- ROBERT F. KRAUTER, Burial Permit Clerk.

Filed JAN 8 - 1916 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 16 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 14 191 5, to Jany 5 191 6, that I saw h[illegible] alive on Jany 5 191 6, and that death occurred, on the date stated above, at 7.40 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

Exhaustion Diarrhoea

Contributory Cardiac Weakness

(Duration) yrs. 2 mos. ds.

(Signed) G. D. Driscoll M. D.

Jan 7, 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Jany 9, 1916.

20-UNDERTAKER Chas G. Black — ADDRESS 1210 W Mulberry St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. David Bury.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91073 28 C91073

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 W Baar St.; 21 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Bury —

(Residence in Baltimore: No. 631 W Baar. St.; 56 yrs., 5 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 1, 1859 (Month) (Day) (Year)

7-AGE, 56 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Glass Blower (Bottles)
(b) General nature of industry, business, or establishment in which employed (or employer)..... Carr & Laury Glass Works

9-BIRTHPLACE, (State or Country), Baltimd

PARENTS.

10-NAME OF FATHER, Frank Bury —

11-BIRTHPLACE OF FATHER (State or Country), Germany —

12-MAIDEN NAME OF MOTHER Sophia Schaffer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimd

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Maggie Bury

(Address)..... 631 W Baar St

15- ROBERT . KRAUSE, Filed JAN 8 1916 191 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1915, to Jan 5 1916, that I saw h[illegible] alive on Jan 4 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 2 mos. ds.

(Signed) Edw Gramp M. D.

Jan 7, 1916 (Address) 5[illegible] Lexington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Jan 8, 1916

20-UNDERTAKER H J Richardt & Co — ADDRESS Penna Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91074

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91074

CERTIFICATE OF DEATH.

× 81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Carol General Hospital ST. 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs P Bassie Shillingsburg

(Residence in Baltimore: No. Maryland General Hospital St.; ..... yrs. ..... mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female.

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Aug. (Month) 12 (Day), 1856 (Year)

7-AGE, 59 yrs. 3 mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... housewife .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Samuel Stallings

11-BIRTHPLACE OF FATHER (State or Country), Balto. md

12-MAIDEN NAME OF MOTHER Sarah Poulton

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wallace F. Shillingsburg.

(Address) 607 N Carrollton Ave.

15- ROBERT . KRAUTER,

Filed JAN. 8 — 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1915, to Jan. 8, 1916, that I saw her alive on Jan 8, 1916, and that death occurred, on the date stated above, at 2.20 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

Arteriosclerosis

10 hours Duration

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

unknown duration (Duration) ? yrs. ? mos. ? ds.

(Signed) E. D. Shannon M. D.

Jan. 8, 1916. (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State 57 yrs. 3 mos. 27 ds.

Where was disease contracted, if not at place of death? ——

Former or usual residence Walnut Lane West Pulaski

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Jan 11, 1916

20-UNDERTAKER W. J. Maher Sons

ADDRESS Lemmon Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91075 C91075

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME John Green

(Residence in Baltimore: No. 412 Myrtle Ave. St.; ..... yrs., ... mos. ..... ds.)

Inmate of Laboratories Johns Hopkins Dr. George Graem

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1871 (Year)

7-AGE, 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Butcher 640
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Hopk

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) the deceased.

(Address) .....

15- Filed JAN 8 - 1916, 191.. ROBERT , KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1915, to Jan. 4 1916, that I saw h alive on January 4 1916, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

P

Pulmonary Tuberculosis

unknown

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard Donahue M. D.

1/6, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State unknown yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 412 Myrtle Ave.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, JAN. 7 - 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91076

CERTIFICATE OF DEATH.

28 C91076

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2650 Boone ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Dyckett

(Residence in Baltimore: No. 2650 Boone St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 10th (Month) (Day), 1913 (Year)

7-AGE, 2 yrs. 5 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, Ernest Dyckett

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Priscilla Jackson

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dunstall

(Address) 2616 Boone St

15- Filed JAN 8 - 1916 191 ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 7 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1915, to Jan 6 1916, that I saw h[illegible] alive on Jan 6 1916, and that death occurred, on the date stated above, at 6:10 a.m.

The CAUSE OF DEATH* was as follows: Acute Bronchitis

Probably T. B

(Duration) 1 yrs. 12 mos. 12 ds.

CONTRIBUTORY (Secondary) Doctor

(Duration) 1 yrs. mos. ds.

(Signed) R. Garland Churchill M. D.

Jan 7, 1916 (Address) 424 East 23 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel DATE OF BURIAL, Jan 9th, 1916

20-UNDERTAKER Robert A Elliott ADDRESS 506 East St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C31077

HEALTH DEPARTMENT—CITY OF BALTIMORE

C31077

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1728 N. Calvert St. 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Scott.

(Residence in Baltimore: No. 956 N. Howard St.; 12 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) Unknown, (Day) ..... 1 (Year)

7-AGE. 53 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer) ..... private family.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Ed. Scott

(Address) 956 N. Howard St.

15- Filed JAN 8 - 1916 ROBERT . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January (Month) 6 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Theo. Lakamber M. D. (Coroner.)

Jan. 6., 1916. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL, Jan. 9., 1916

20-UNDERTAKER Robert A Elliott ADDRESS 506 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91078

CERTIFICATE OF DEATH.

15 C91078

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 E Pratt ST.; 2 WARD)

2-FULL NAME Infant O'Connell.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1914 E. Pratt St.; 3 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. 7th, 1916
(Month) (Day) (Year)

7-AGE, ...yrs...mos...ds.

If LESS than 1 day, 3 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...None...
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Thomas O'Connell

11-BIRTHPLACE OF FATHER (State or Country) Balto Md.

12-MAIDEN NAME OF MOTHER Ethel Moloney

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas O'Connell

(Address) 1914 E Pratt St.

15- JAN 8 - 1916 ROBERT . KRAUTER,
Filed....., 191. Neutral Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 7 1916, to Jan. 7 1916, that I saw her alive on Jan. 7 1916, and that death occurred, on the date stated above, at 8 45 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth 3 Hours.

..... (Duration) ...yrs...mos...ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ...yrs...mos...ds.

(Signed) W. E. Wilkinson M. D.

Jan 8, 1916 (Address) 2017 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, Jan. 10, 1916

20-UNDERTAKER John A Moran

ADDRESS Bank & Ann Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91079 **CERTIFICATE OF DEATH.** 151 C91079

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 St. York St.; 22 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Brown

(Residence in Baltimore: No. 1 St. York St.; ..... yrs., ... mos. 24 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	black	single

6-DATE OF BIRTH, Jan 5, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 12 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Charles Mason

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas F. Brown

(Address) 1 St. York St.

15- Filed JAN 8 - 1916, 191..., ROBERT J. KRAUTER, Registrar of Vital Statistics.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 191..., to Jan 5 191..., that I saw him alive on Jan 5 191..., and that death occurred, on the date stated above, at 10-8 m.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY, (Secondary) .....

..... (Duration) 0 yrs. ..... mos. ..... ds.

(Signed) Edward L. Sweet M. D.

Jan 5, 191... (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	JAN 8 - 1916 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

Dr. Wm. E. Wiedall

FOR ANATOMICAL PURPOSES.

Spec —8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91080

CERTIFICATE OF DEATH.

92 C91080

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Carlton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle B. Blackstone

(Residence in Baltimore: No. 13 N. Carlton St.; yrs., Life mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) ... (Day) ..., 1906 (Year)

7-AGE, 9 yrs. 7 mos. 28 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Pitt Blackstone

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Ella Grant

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... H. B. Haddock, M.D.

(Address) 117 N. Carlton Ave

15- JAN 8 - 1916 Filed....., 191.... ROBERT J. KRAUTER Burial Permit Clerk

Registrar.

over

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 6 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1916, to Jan 6th 1916, that I saw her alive on Jan 6th 1916, and that death occurred, on the date stated above, at 6:05 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) H. B. Haddock M. D.

1-7....., 1916. (Address) 117 N. Carlton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Jan 9, 1916.

20-UNDERTAKER Alfred J. Freeland

ADDRESS 114 N Schroeder

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE, 19 16

C91081

C91081

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Patapsco ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Becker

(Residence in Baltimore: No. 1431 Patapsco St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	married

6-DATE OF BIRTH, May 15, 1841 (Month) (Day) (Year)

7-AGE, 74 yrs. 7 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Francis Riechar

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Margaret Koenig

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Becker

(Address) 1431 Patapsco St

15- Filed JAN 8 - 1916 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 25, 191 , to Jan 7th, 191 6,
that I saw h her alive on January 7th, 191 6,
and that death occurred, on the date stated above, at 5 a.m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Uraemia Coma Convulsions

(Duration) yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. 6 mos. 1 ds.

(Signed) Chas. E. Ford M. D.
Jan 8, 1916. (Address) 1140 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Jan 10th, 1916

20-UNDERTAKER Hew Jenkins Undertaking Co — ADDRESS McCulloh St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C91082 HEALTH DEPARTMENT—CITY OF BALTIMORE C91082

CERTIFICATE OF DEATH

1-PLACE OF DEATH Nursery + Childs Hosp REGISTERED NO. C 151

CITY OF BALTIMORE: (No. Franklin St. 2-118 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Peters

(Residence in Baltimore: No. Nursery + Childs Hosp St.; yrs. 1 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Child

6-DATE OF BIRTH, Nov 13, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Child

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery + Childs Hosp

(Address) Franklin + Schroeder

15- Filed JAN 8 - 1916, 191 ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 1916, to Jan 8 1916, that I saw h[illegible] alive on Jany 8 1916, and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia, Measles and Chronic Bronchitis no Chronic Syphilis
Diphtheria

(Duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Congenital Debility + Weakness

(Duration) yrs. 1 mos. 25 ds.

(Signed) Edgar B Fruthermald M. D.

Jan 8, 1916. (Address) 1616 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 25 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Jan 9, 1916
20-UNDERTAKER Geo J Smith	ADDRESS 1000 N Gay St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91083

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91083

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH Nursery & Childs Hosp. REGISTERED No. C

CITY OF BALTIMORE: (No. Franklin, Schroeder St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel Smithimson

(Residence in Baltimore: No. Nursery & Childs Hosp. St.; yrs., 6 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Child

6-DATE OF BIRTH. May 7, 1915.
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
yrs. 7 mos. 1 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery & Childs Hosp.

(Address) Franklin, Schroeder St.

15- Filed JAN 8 - 1916, 191. ROBERT J. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1916, to Jan 8 1916, that I saw h[illegible] alive on Jan 8 1916, and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Note) Positive Nose and Throat but no clinical symptoms. (Duration) — yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Congenital Heart Dis (Duration) yrs. 7 mos. 1 ds.

(Signed) Edgar B. Freedmand M. D.

Jan 9, 1916. (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 6 mos. 9 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Jan 9, 191
20-UNDERTAKER	ADDRESS
Fred Smith	1 Pay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91084

CERTIFICATE OF DEATH.

X 40 C91084

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Church Home & Infirmary St.; 6E WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Elizabeth Mueller

(Residence in Baltimore: No. Church Home & Infirmary St.; yrs., 2 mos. 11 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	Married

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 57 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Jersey City N.J.

PARENTS.

10-NAME OF FATHER, Louis Blenkel

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Lautmann

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. L. Hoffman

(Address) Annapolis Md

15- JAN 8 - 1916 Filed ..... 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 8 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1915, to Jan 8 1916, that I saw her alive on Jan 8 1916, and that death occurred, on the date stated above, at 6.25 P.m.

The CAUSE OF DEATH* was as follows:

..... Post Operation Shock .....

.....

.....

..... (Duration) ....yrs. ....mos. 7 hrs

CONTRIBUTORY (Secondary) Carcinoma of Gall Bladder

..... (Duration) Not known yrs. ....mos. ....ds.

(Signed) I. N. Maxwell M. D.

Jan 8, 1916. (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence Annapolis, Md.

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md. DATE OF BURIAL, 1.10., 191.6

20-UNDERTAKER John J. Gakenheimer Sons ADDRESS 13 18 Eglit St

C91085

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

60 C91085

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Asylum Eutaw Apt 5 St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Frederick Cole

(Residence in Baltimore: No. 2234 Oak St; 3 yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	single

6-DATE OF BIRTH: September (Month) 27th (Day) 1912 (Year)

7-AGE: 3 yrs. 3 mos. 12 ds. If LESS than 1 day, ... hrs., or ... min?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Maryland

PARENTS

10-NAME OF FATHER: Wm F Cole

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Rose Kenny

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm F Cole

(Address) 2234 Oak St

15- Filed JAN 8 - 1916, 191... ROBERT J. KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 8th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1915, to Jan 8th 1916, that I saw him alive on Jan 8th 1916, and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Abscess

17 days (Duration) ... yrs ... mos ... ds.

Contributory (SECONDARY) Fell & cut head, about 1 yr (Duration) 1 yrs ... mos ... ds. (Accident?)

(Signed) Dr. E. Martin M. D.

Jan 8, 1916 [Address] Md. Home Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos 17 ds. In the State 3 yrs 3 mos 12 ds.

Where was disease contracted, if not at place of death? 2234 Oak St

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross, Hartford Rd. DATE OF BURIAL: Jan 10, 1916

20-UNDERTAKER: W. J. Tickner & Sons ADDRESS: North Penna ave

Apply to the Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91086 C91086

CERTIFICATE OF DEATH.

× 39

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr Maestre

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ..... yrs., ... mos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH, June 3, 1862 (Month) (Day) (Year)

7-AGE, 53 yrs. 7 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant 677
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco Grower

9-BIRTHPLACE, (State or Country), Cuba

PARENTS.

10-NAME OF FATHER, Salvador

11-BIRTHPLACE OF FATHER (State or Country), Cuba

12-MAIDEN NAME OF MOTHER Petra Billa

13-BIRTHPLACE OF MOTHER (State or Country), Cuba

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- JAN 9 - 1916 ROBERT J. KRAUTHER Burial Permit Clerk.
Filed ..... 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1 1916, to Jan. 7 1916, that I saw him alive on January 7 1916, and that death occurred, on the date stated above, at 9.30 p m.

The CAUSE OF DEATH* was as follows:

Acute acting Cancer

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma Tongue Operation

..... (Duration) 1½ yrs. ..... mos. ..... ds.

(Signed) Mont Rice Reed M. D.

Jan 8, 191 6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 611 - 3rd St Brooklyn N.Y.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Brooklyn N. Y.	Jan. 8, 1916
20-UNDERTAKER Gilbert & Fuller	ADDRESS 220 N Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91087

CERTIFICATE OF DEATH.

157 C91087

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 17 N High ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

Not known

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Not known

6-DATE OF BIRTH, Not known, 1 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
45 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Not known
(b) General nature of industry, business, or establishment in which employed (or employer): — — 463

9-BIRTHPLACE, (State or Country), Not known

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Not known

(Address) Not known

15. Filed JAN 9 - 1916, 191.. ROBERT . KRAUTER, Registrar. Burial Permit Clerk's

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ?? death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation by hanging

Suicidal

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. W. Jones M. D. (Coroner.)

January 5, 1916 (Address) 311 S Durrell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Friendship Cem	Jan 7, 1916
20-UNDERTAKER	ADDRESS
L. Lipman & Bro	1101 E Balto st

I. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91088

CERTIFICATE OF DEATH.

9 C91088

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Whitelock ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Bernstein

(Residence in Baltimore: No. 815 Whitelock St

St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 15 (Day), 1857 (Year)

7-AGE 58 yrs. 9 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Banker
(b) General nature of industry, business, or establishment in which employed (or employer) Banking Business

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Joseph Bernstein

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Max Cohen

(Address) 815 Whitelock St.

15- Filed JAN 9 - 1916, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 10 1914, to Jany 8 1916, that I saw him alive on Jany 8 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Uraemia)

(Duration) 4 yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Diphtheria

(Duration) yrs. mos. 7 ds.

(Signed) Isaac P. Hamburger M. D.

Jany. 8., 1916 (Address) 1207 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Sinai Hebrew Friendship

DATE OF BURIAL, 1/9, 1916

20-UNDERTAKER David Londheim

ADDRESS 1180 N. Royal Ave

11 A m.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91089

CERTIFICATE OF DEATH.

170 C91089

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 N. Rosch Av ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Frank

(Residence in Baltimore: No. 1007 N. Rosch Ave St.; 58 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 16, 1840 (Month) (Day) (Year)

7-AGE, 75 yrs. 8 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), London

PARENTS.

10-NAME OF FATHER Abraham Gaulstone

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Pauline Meyer

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. S. Frank

(Address) 1007 N. Rosch ave

15-JAN 9 - 1916 ROBERT . KRAUTHS, Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 1915, to Jan 8 1916, that I saw h-r alive on Jan 7 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Intestitial

(Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary) Cardiac Sclerosis

(Duration) ...yrs. ...mos. 3 ds.

(Signed) J. Schlegman M. D.

Jan 8, 1916. (Address) 1920 Linden Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew Cem DATE OF BURIAL, 1-10, 1916

20-UNDERTAKER David Londheim ADDRESS 1810 Mt Royal ave

(Over)

N.B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91090

CERTIFICATE OF DEATH

92 C91090

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 114 W Mulberry ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Isabel E Kellam

(Residence in Baltimore: No. 114 W Mulberry St.; 12 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: March —, 1866 (Month) (Day) (Year)

7 AGE: 49 yrs. 10 mos. — ds. If LESS than 1 day, hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9 BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: John A. Kellam

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Evans

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia Kellam (Sister)

(Address) 114 W Mulberry St

15 Filed JAN 9 - 1916 191

ROBERT J. KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 8, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1915, to Jany 8 1916, that I saw h— alive on January 8, 1916, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Cabe Pneumonia

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY) Cancer

(Duration) yrs. mos. 6 ds.

(Signed) Otto M Bernhardt M. D.

Jany 8, 1916. (Address) 1017 S Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: 1/9 — 1916

20 UNDERTAKER: Robt. Brooks & Son

ADDRESS: S. E. Cor Calhoun & Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91091 C91091

CERTIFICATE OF DEATH. x 132

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Fields

(Residence in Baltimore: No. University Hosp. St.; ....yrs. ....mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, June 8 ~~3~~, 1883 (Month) (Day) (Year)

7-AGE, 32 yrs. 7 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Gibson Billops

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER M Webb

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lennie Fields

(Address) South in Way Va

15- Filed JAN 9 - 1916 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-31 1915, to 1-9 1916, that I saw h[illegible] alive on 1-9- 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pop. tulpingitis -
Pulmonary Tbs

(Duration) ....yrs. unknown mos. ....ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) C. S. Coleman M. D.

1/9, 1916 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. ....mos. 10 ds.

Where was disease contracted, if not at place of death? Town Residence

Former or usual residence Millersbeck Va

19-PLACE OF BURIAL OR REMOVAL, South in Way Va — DATE OF BURIAL, Jan 9, 1916.

20-UNDERTAKER W M Routson — ADDRESS 230 E Green

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91092

CERTIFICATE OF DEATH.

151 C91092

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 S Calhoun ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby McGuire

(Residence in Baltimore: No. 111 S Calhoun St.; 1/12 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	black	Single

6-DATE OF BIRTH, Jan (Month) 6 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
.....yrs.....mos.....ds.	....hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Benjamin McGuire

11-BIRTHPLACE OF FATHER (State or Country), Tennessee

12-MAIDEN NAME OF MOTHER Annie Scott

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas K Gibbons

(Address) Mercy Hospital

15- JAN 9 - 1916 Filed....., 191.....

ROBERT . KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to Jan 6 1916, that I saw him alive on Jan 6 1916, and that death occurred, on the date stated above, at 11 35 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Edw. and T. Smith M. D.

Jan 7, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. JAN. 8 - 1916

20-UNDERTAKER Per. Wm. E. WOODALL

ADDRESS

Commissioner of Health.

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 28 C91093

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 318 Calvin ST. 5 WARD)

2-FULL NAME Mary C. Hackett

(Residence in Baltimore: No. 318 Calvin St.; yrs., 9/12 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~, (Write the word.): Married

6-DATE OF BIRTH, ... 7 ....., 1 ..... (Month) (Day) (Year)

7-AGE, 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): City. Balto.

PARENTS.

10-NAME OF FATHER: Noes Wiches

11-BIRTHPLACE OF FATHER (State or Country): City

12-MAIDEN NAME OF MOTHER: Catherine Howard

13-BIRTHPLACE OF MOTHER (State or Country): City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Hackett

(Address) 318 Calvin St.

15-

Filed JAN 9 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis & Pulmonary tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hobart Chambers M. D. (Coroner.)

Jan. 9, 1916 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Pk Balto Co. Md

DATE OF BURIAL, Jan. 7, 1916

20-UNDERTAKER: Geo H. Gradwin

ADDRESS 142 W Hill St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91094

HEALTH DEPARTMENT—CITY OF BALTIMORE

167

CERTIFICATE OF DEATH.

C91094

REGISTERED No. C

1-PLACE OF DEATH Maryland General Hospital,
CITY OF BALTIMORE (No. Linden Ave. & Madison st. ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine F. Williams,

(Residence in Baltimore: No. 540 Presstman street,

St.; yrs., 7/12 mos. ds.)

Filed with information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, September 7th., 1896.
(Month) (Day) (Year)

7-AGE, 19 yrs. 4 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student at
(b) General nature of industry, business, or establishment in which employed (or employer): Normal school.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, J. Arrat Williams,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Margaret R. Roles,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Arrat Williams, father,

(Address) 540 Presstman street.

15- JAN 9 - 1916 ROBERT . KRAUSE
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7th., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns of the second degree caused by dressing gown accidentally catching fire at the kitchen stove.

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Bernard Kemp M. D.
(Coroner.)

Jan. 8, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 540 Presstman street,

Former or usual residence litto.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Jan. 10, 1916

20-UNDERTAKER Jno H. Frothin ADDRESS 142 W Hill St

Spec.—8-24-14—M. & T.—2000 Blks.

Charles Glaspie

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91095

CERTIFICATE OF DEATH.

118 C91095

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1528 E. Monument St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Glaspie

(Residence in Baltimore: No. 1528 E. Monument St.; under one yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 24, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Louisville Ky.

PARENTS.

10-NAME OF FATHER, Samuel Glaspie

11-BIRTHPLACE OF FATHER (State or Country), Louisville, Ky.

12-MAIDEN NAME OF MOTHER Appolain Bennett

13-BIRTHPLACE OF MOTHER (State or Country), Ky.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Glaspie

(Address) 1528 E. Monument St

15. JAN 9 - 1916 ROBERT . KRAUTER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1916, to Jan. 7, 1916, that I saw h[illegible] alive on Jan. 6, 1916, and that death occurred, on the date stated above, at 1345 p. m.

The CAUSE OF DEATH* was as follows:

Acute pancreatitis, t.
Instantinal Catarral

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Lumbago ile
Lumbovesides

(Duration) yrs. mos. 10 ds.

(Signed) J. C. Robinson M. D.

Jan. 7, 1916 (Address) 611 N. Carolina St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, January, 1916

20-UNDERTAKER Robert A. Elliott — ADDRESS 518 East-21

CASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91096

66 C91096

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 814 Whitmore Ave ST.: 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma V. Walter

(Residence in Baltimore: No. 814 Whitmore Ave St. Hospital yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1.....
(Month) (Day) (Year)

7-AGE, 43 Years
.....yrs. 10 mos. .....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Fitch

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Caroline

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Amer

(Address) 814 Whitmore Ave

15- Filed JAN 9 - 1916 1916 ROBERT J. KRAUSER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1915, to Jan 8 1916, that I saw h-r alive on Jan 8 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

.....Arteriosclerosis,

.....

.....

..... (Duration)...yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration)...yrs. mos. 2 ds.

(Signed) W. R. Dorsey M.D.

Jan 8/16, 191... (Address) Ellington

*State the DISEASE CAUSING DEATH, or, in deaths FROM VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Jan 11, 1916

20-UNDERTAKER W. R. Dorsey | ADDRESS 1624 Whitmore Ave

Spec.—8-24-14—M. & T.—2000 Bks.

James Rahill

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91097

CERTIFICATE OF DEATH.

1920

C91097

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Rahill.

(Residence in Baltimore: No. Montebello Pk Balto Co. about St.; 60 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	widowed

6-DATE OF BIRTH, about (Month) (Day) 1849 (Year)

7-AGE about 67 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Janitor 795
(b) General nature of industry, business, or establishment in which employed (or employer) Park Dept

9-BIRTHPLACE, (State or Country), Maine

PARENTS.

10-NAME OF FATHER, Thomas Rahill

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Rahill

(Address) 1611 Kent

15- Filed JAN 9 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 8 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to Jan 8 1916, that I saw h.m alive on Jan 8 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
Arteriosclerosis
Chronic Nephritis
(Duration) unknown mos. da.

CONTRIBUTORY (Secondary) Myocarditis
(Duration) yrs. mos. da.

(Signed) Oscar V. Pinkard M. D.

Jan 8, 1916. (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 3 da. In the State yrs. mos. da.

Where was disease contracted if not at place of death? not known

Former or usual residence Montebello Pk Balto Co

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..an 11., 191..
Mt. Olivet Cem.	
20-UNDERTAKER	ADDRESS
H. M. Cauley	1411 Mary

D. A. K.

Spec.—8-24-14—M. & T.—2000 Bks. Rowland E. Gittinger

C91098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C91098

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Warwick Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rowland E Gittinger

(Residence in Baltimore: No. 815 Warwick Ave St.; 43 yrs. 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August 28, 1872 (Month) (Day) (Year)

7-AGE, About 43 yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Store

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Emma E. Stinet

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma Stinet

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... C. W. Hillman

(Address)..... 815 Warwick Ave

15-JAN 9 - 1916 Filed....., 191.... ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1915, to Jan. 7 1916, that I saw him alive on Jan. 7 1916, and that death occurred, on the date stated above, at 7. p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs and Tuberculosis of Larynx

(Duration) Yrs. Not known Mos. ..... Ds.

CONTRIBUTORY (Secondary) Tuberculosis of intestines

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C. W. Hillman M. D.

Jan. 8, 1916. (Address) 2100 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Jan. 12., 1916.

20-UNDERTAKER Wm H. Gaulthrop — ADDRESS 1629 Mt Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Frederick S. Blackiston

C91099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C91099

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 557 Bloom ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME [redacted] S Blackiston

(Residence in Baltimore: No. 557 Bloom St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Unknow (Month) ..... (Day), 1860 (Year)

7-AGE, ... 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 833
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steward (Vessel)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Blackiston

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Diana Shepherd

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Hattie B Blackiston

(Address)..... 557 Bloom St

15- JAN 9 - 1916 ROBERT . KRAUTER, Filed....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) ..... 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1916, to Jan 6 1916, that I saw h[illegible] alive on Jan 6 1916, and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia Lobar .....

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) La Grippe

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) ..... Wm H. Myers ..... M. D.

Jan 7, 1916 (Address) 1209 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hines Md Cardinal — DATE OF BURIAL, Jan 8 1916

20-UNDERTAKER James H Dunn — ADDRESS 1303 Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

John Meirke

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91100 C91100

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 S. Durham ST.; 2 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John meirke

(Residence in Baltimore: No. 131 S. Durham St.; ..yrs.. 4/12 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	White	Single

6-DATE OF BIRTH. ..December (Month) ..24.. (Day), 1912. (Year)

7-AGE. ..3.. yrs. ..mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..none..
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Walenty Mejerka

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Amila Mejerka

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..Walenty Mejerka.....

(Address) ..131 S. Durham St.....

15. Filed JAN 9 - 1916, 191.. ROBERT . KRAUTER, Registrar.

Burial Permit Clerk.

2 P.m.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..January (Month) 8 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 8 1916, to January 8 1916, that I saw h im alive on January 8 1916, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....Croup. Tuberculosis

..... (Duration) ..yrs. ..mos. 14 ds.

CONTRIBUTORY (Secondary) ..Intoxication.....

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) ..H. Emmart Bir.....M. D.

January 9, 1916. (Address) ..722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary Cemetery	Jan. 9th, 191.6
20-UNDERTAKER	**ADDRESS**
Jacob Piatkowski	735 Harford Ave

Katharine Preuer.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91101 — 10 C91101

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No 15 E. West St — ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Preuer

(Residence in Baltimore: No. 15 E. West St. ST.: 57 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Nov. (Month) 6 (Day), 1841 (Year)

7-AGE: 74 yrs. 2 mos. 1 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Preuer

(Address) 15 E West St.

15. JAN 9 - 1916 — ROBERT . KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 7th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1915 to Jan 7th 1916, that I saw her alive on Jan 7th 1916, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis following Grippe

(Duration) ..... yrs. 1/2 mos. ..... ds

Contributory (SECONDARY) Senile debility

(Duration) — yrs. — mos. — ds.

(Signed) Annie L Bruns M. D.

Jan. 9th 1916. (Address) 1223 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: Jan 10 1916

20-UNDERTAKER: E. Schlosman & Son — ADDRESS 1039 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91102 C91102

CERTIFICATE OF DEATH. 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2039 Madison Ave ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miriam Elias

(Residence in Baltimore: No. 2039 Madison Ave St.; ..... yrs., 9/12 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, December 4, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 1 mos. 4 da. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Aaron Berman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Hannah Eger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eli Elias

(Address) 2039 Madison Ave

15- JAN 9 - 1916 ROBERT . KRAUTER,
Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1916, to Jan 8 1916, that I saw her alive on Jan 7 1916, and that death occurred, on the date stated above, at 9.9 m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia .....

..... (Duration) ..... yrs. ..... mos. 6 da.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 1 da.

(Signed) ..... M. D.

Jan 8, 191.6 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balt Hebrew	Jan. 11., 1916

20-UNDERTAKER J Ahrens & Co ADDRESS 611 Madison

important. See instructions on back of certificate.

...ctly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91103 64 C91103

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 N Ann ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia A Krayrich

(Residence in Baltimore: No. 421 N. Ann St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 7, 1853 (Month) (Day) (Year)

7-AGE, 62 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Paul Krayrich

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER, Paulin Krayrich

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry D. Krayrich

(Address) 421 N. Ann St.

15- JAN 9 - 1916 ROBERT . KRAUTER, Burial Permit Clerk.
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1915, to Jan 7 1916, that I saw h Er alive on Jan 6 1916, and that death occurred, on the date stated above, at 2 1 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) 2 yrs. mos. ds.

(Signed) Edward J Loos M. D.

1916, (Address) W. 1. N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Jan 10, 1916

20-UNDERTAKER Edward C Fuller — ADDRESS 221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C31104 C31104

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2533 St. Paul ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate L. Isaacs

(Residence in Baltimore: No. 2533 St. Paul St.; 64 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widowed

6-DATE OF BIRTH, Oct. 7th, 1851
(Month) (Day) (Year)

7-AGE, 64 yrs. 3 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, J. Williams

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliz. Weaver

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. T. Hastings

(Address) 4106 Maine Ave.

15- Filed JAN 10 1916, 191... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 9 1916, that I saw her alive on Jan 8 1916, and that death occurred, on the date stated above, at 2:20 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia -

(Duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John D. King M. D.

Jan 10, 1916 (Address) 1125 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, Jan. 11, 1916.

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 1210 Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

69

Spec.—8-24-14—M. & T.—2000 Bks.

C91105

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91105

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 S. Decker Ave. St.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda J. Kutilek

(Residence in Baltimore: No. 917 S. Decker Ave. St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White.	Single

6-DATE OF BIRTH, March 19, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Ferdinand Kutilek

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Johanna Polony

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferdinand Kutilek

(Address) 917 S. Decker Ave.

15- Filed JAN 10 1916, 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from on Jan 7 1916, to — 191..., that I saw h... alive on Jan 7 1916, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia
unknown

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration)....yrs....mos....ds.

(Signed) M. J. McAvoy M. D.

Jan 9, 1916 (Address) 839 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cath. Hill Cem. DATE OF BURIAL, Jan 10, 1916.

20-UNDERTAKER Lilly & Zeile ADDRESS 4038 Wolfe St

IMPORTANT.—The CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C91106

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2005 Keyser St. 8 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norah [redacted] Pool

(Residence in Baltimore: No. 2005 Keyser St.; 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown 1890
(Month) (Day) (Year)

7-AGE, 25 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home House Work

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Jessie Stell

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ellen Harris

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ellen Harris
(Address) 2005 Keyser st

15- Filed JAN 10 1916, 191... HARRY O. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 8 1916, that I saw her alive on Jan 8 1916, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Acute)
Asthenia D. Hart
(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Asthenia
(Duration) yrs. mos. 8 ds.

(Signed) D. H. W. Hammond M. D.
Jan 8, 1916. (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: North Carolina — DATE OF BURIAL: Jan 9, 1915

20-UNDERTAKER: John W Henderson — ADDRESS: 317 N Carolina

Oakville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91107 C91107

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 S. Vincent ST.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm C. Cook.

(Residence in Baltimore: No. 223 S. Vincent St.; 8 yrs., mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 13, 1915
(Month) (Day) (Year)

7-AGE, yrs. 8 mos. 26 da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Wm H. Cook.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lottie E Roosenberg

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Cook

(Address) 223 S. Vincent St

15-

Filed JAN 10 1916 HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1916, to Jan 9 1916, that I saw him alive on Jan 9 1916, and that death occurred, on the date stated above, at 4:50 P.m.

The CAUSE OF DEATH* was as follows:

a Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. R. Lamar M. D.

Jan 10, 1916 (Address) 317 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Jan. 11, 1916

20-UNDERTAKER John H. Fields — ADDRESS 1200 N. Lombard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91108

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

19 C91108

1-PLACE OF DEATH

Registered No. C.....

CITY OF BALTIMORE: (No. 301 S Calhoun St.; 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel P Phenegar

(Residence in Baltimore: No. 301 S Calhoun St.; 3 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 17 (Day), 1870 (Year)

7-AGE: 45 yrs. 6 mos. 23 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Machinist 311
(b) General nature of industry, business, or establishment in which employed (or employer): Pa C.M.& Plate Machine Mfg.

9-BIRTHPLACE (State or country): Philadelphia Pa

PARENTS

10-NAME OF FATHER: Isaac Phenegar

11-BIRTHPLACE OF FATHER (State or country): Pa

12-MAIDEN NAME OF MOTHER: Catharine Beckman

13-BIRTHPLACE OF MOTHER (State or country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Phenegar

(Address) 301 S Calhoun St

15- Filed JAN 10 1916, 191

HARRY O. ARMISTEAD, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1, 1916, to, Jan 8 1916, that I saw h.. alive on Jan 8 1916, and that death occurred, on the date stated above, at 1745 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis (Chronic)

(Duration) 1 yrs ... mos ... ds

Contributory (SECONDARY) General Oedema

(Duration) ... yrs ... mos. 14 ds

(Signed), Joseph E. Muse M. D.

Jan 9, 1916. [Address] 1520 Hollins

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Philadelphia Pa. DATE OF BURIAL: Jan 10, 1916

20-UNDERTAKER: John J Fields ADDRESS: 1200 W Lanvale

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91109 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 92C91109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N Stricker ST.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luther Godfrey Snyder

(Residence in Baltimore: No. 514 N Stricker St.) Ae. 28 yrs., 6 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 13, 1887 (Month) (Day) (Year)

7-AGE, 28 yrs. 6 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter's Helper
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country). Maryland (Balto City)

PARENTS.

10-NAME OF FATHER, John D Snyder

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Adelia Eyer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss M Snyder

(Address) 514 N Stricker St

15- JAN 10 1916 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 5 191 , to January 7 191 .

that I saw h alive on January 7 191 .

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

(Signed) Mose Allentuch M. D.

January 8, 1916 (Address) 1604 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Jan 10, 1916

UNDERTAKER Wm Fickey ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91140

CERTIFICATE OF DEATH.

92 C91140

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 912 Stirling ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence G. Schubert

(Residence in Baltimore: No. 912 Stirling St.: 1 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, February 21st, 1896
(Month) (Day) (Year)

7-AGE, 19 yrs. 10 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boy Plumber's
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Michael Schubert.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary A. Guess

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ira Pelz.

(Address) 912 Stirling St.

15- SARAH O. ANDREWS,

Filed JAN 10 1916 Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from: Dec 31 1915, to Jan 8 1916, that I saw h-m alive on Jan 8 1916, and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Yellow Atrophy of Liver

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) yrs. mos. 1 ds.

(Signed) Edgar L. Eliason M. D.

Jan 9, 1916. (Address) 1419 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Jan 11, 1916

20-UNDERTAKER Henry Stock & Son

ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91111 92 91111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 8 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Mary Burkhardt

(Residence in Baltimore: No. 1037 N Milton Ave St.; 42 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept ..... (Month) ..... (Day) 1 (Year)

7-AGE	If LESS than 1 day,
42 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): Does sewing at home

9-BIRTHPLACE, (State or Country): (Balto City) Maryland

PARENTS.

10-NAME OF FATHER: Conrad Burkhardt

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Hiedmeyer

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Zacharias H. Frost

(Address) 1530 N. Patterson Park Ave

15- Filed JAN 10 1916 MARY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 9 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1916, to Jan 9 1916, that I saw her alive on Jan 9 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Ernest M. G. Kiegen M. D.

Jan 9, 1916 (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 42 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1037 N Milton Ave

Former or usual residence 1037 N Milton Ave

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 12, 1916

20-UNDERTAKER: Henry Hoeck Son — ADDRESS: 1301 E Eager

Cause of Death to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91112

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 120 C91112

CITY OF BALTIMORE: (No. 801 N. Luzern Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME John Bensel

(Residence in Baltimore: No. 801 N Luzern Ave St.; 60 yrs. 11 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan 28th (Month) (Day) 1855 (Year)

7-AGE: 60 yrs. 11 mos. 11 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Fire Insurance
(b) General nature of industry, business, or establishment in which employed (or employer): Agent

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Henry Bensel

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louisa Bensel

(Address) 801 N. Luzern Ave

15- JAN 10 1916 (Date) 191 [illegible] Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 8th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1915, to, January 8 1916, that I saw h[illegible] alive on January 8-th 1916, and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

and Valvular disease of Heart - Dropsy 5 mos

(Duration) yrs. mos. ds.

Contributory (SECONDARY) [illegible]

(Duration) yrs mos. ds.

(Signed), [illegible] M. D.

January, 1916. [Address] 1025 W. Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetary

DATE OF BURIAL: Jan 11, 1916

20-UNDERTAKER: Christian Miller

ADDRESS: 2334 Jefferson St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C9113 — CERTIFICATE OF DEATH — 79 C9113

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 444 S. Smallwood St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Wiedeck

(Residence in Baltimore: No. 444 S. Smallwood St.; yrs. 33 [redacted] da.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: June 10th (Month) (Day), 1853 (Year)

7-AGE: 62 yrs. 6 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Frank Kinner

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jos. L. Wiedeck

(Address) 524 S. Bentalou St.

15- Filed JAN 10 1916 — [illegible] Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23, 1915, to, Jan 8 1916, that I saw her alive on Jan 8 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
Hypertrophy & Dilatation of Heart (Duration) yrs mos. 16 ds.
Contributory (SECONDARY) Pneumonia.
Oedema (Duration) yrs. mos. 16 ds.

(Signed), Robert C Kitchen M. D.
Jan 9 1916 [Address] 2500 Madison Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Jan 12 1916

20-UNDERTAKER: Knell & Sons — ADDRESS: 1729 W Pratt St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should

Spec.—8-24-14—M. & T.—2000 Bks.

C91114 HEALTH DEPARTMENT—CITY OF BALTIMORE C91114

CERTIFICATE OF DEATH. X 42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harriet A. Kelly Hosp. WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Charlotte Dwight

(Residence in Baltimore: No. 1418 Eutaw Place St.; yrs. 1 mos. 9 ds.)

Properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Write plain terms, so that it may be

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, April 25, 1866
(Month) (Day) (Year)

7-AGE. 49 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, William Walker

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Rohama Hammond

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Orrin S. Truman Wright

(Address) 729 Hackett Ave. Milwaukee

15- JAN 10 1916 Filed ....., 191.... Burial Permit Given
CASSIUS ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 9th 1915, to Jan. 10, 1916, that I saw her alive on Jan 10 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix.
(No post mortem)
Section confirmed diagnosis.
Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr. Nephritis
Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. H. Neilson M. D.

1-10, 1916 (Address) 1418 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 1 ds. In the State ..... yrs. 1 mos. 9 ds.

Where was disease contracted, if not at place of death? Don't know.

Former or usual residence 759 Hubbard St. Milwaukee Wis.

19-PLACE OF BURIAL OR REMOVAL, Milwaukee Wis. DATE OF BURIAL, Jan 10, 1916.

20-UNDERTAKER, Chas. G. Black. ADDRESS 1201 N. Milbury.

866

C91115

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

88 C91115

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 421 N. Fulton Ave St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Malissa Ann Lawrence

(Residence in Baltimore: No. 421 N. Fulton Ave St.; yrs. 3 mos. ds.)

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: May 9, 1848 (Month) (Day) (Year)

7-AGE: 67 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House work at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Charles Co Md

PARENTS

10-NAME OF FATHER: Charles Moran

11-BIRTHPLACE OF FATHER (State or country): Charles Co.

12-MAIDEN NAME OF MOTHER: Arabella Greer

13-BIRTHPLACE OF MOTHER (State or country): Charles Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Foden Lawrence

(Address) N. Bond Lane Catons

15- JAN 10 1916 Filed, 191

ASST C ARCHIVES
Burial Permit Given
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 9, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1915, to Jan 9 1916, that I saw her alive on Jan 9 1916, and that death occurred, on the date stated above, at 1 P, m.

The CAUSE OF DEATH* was as follows:

1 Heart failure due to
Anemia fibrillation
Chronic
(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) myocardemia
(Duration) 20 yrs. 2 mos. ds.

(Signed) John A Lichter M. D.

Jany, 191 6 (Address) 1025 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Farring Cemetery

DATE OF BURIAL: Jan 11, 1916

20-UNDERTAKER: George J Smith

ADDRESS: 1000 E Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

C91116

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C91116

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 E. Eager ST.; 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lipperger

(Residence in Baltimore: No. 708 E. Eager St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dec 4 (Month) (Day), 1833 (Year)

7-AGE, 83 yrs. 1 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Geo Ziegler

11-BIRTHPLACE OF FATHER (State or Country), Gth

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Lipperger

(Address) 708 E. Eager st.

15- JAN 10 1916 Filed ..... 191.... HARRY O. ARLMANN Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1916, to Jan 9th 1916, that I saw h[er] alive on Jan 9 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration ..... yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) Ex Exhaustion & Old Age

Duration ..... yrs. ..... mos. ..... ds.

(Signed) J. F. Lemmon M. D.

Jan 10, 1916 (Address) 2544 St. Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Jan 12, 1916

20-UNDERTAKER A. C. Diefeld

ADDRESS 910 Greenmount Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91117 C91117

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Mbert St. WARD) REGISTERED NO. C

2-FULL NAME Agnes L. McCleaha.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1734 Mbert St.: 7 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Jan 10, 1882
(Month) (Day) (Year)

7-AGE, 33 yrs. 11 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, John McGregor

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Rebecca Miller

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew B. McCleaha

(Address) 1734 Mbert St.

15- Filed JAN 10 1916, 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1915, to Jan 7 1916, that I saw h alive on Jan 7 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Acute Toxaemia

(Duration) yrs. mos. 7 ds.

(Signed) R. K. Campbell M. D.

Jan 8, 1916 (Address) 1646 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	Jan 10, 191.6
20-UNDERTAKER	ADDRESS
J. Fred McCully	89 E. Fort Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91118 — 92 — C91118

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1217 W Lombard ST. 18 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Mahoney
(Residence in Baltimore: No. 1217 W Lombard St. 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~STRIKE OUT~~ MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH Oct 3rd, 1848
(Month) (Day) (Year)

7-AGE. 67 yrs. 2 mos. 8 ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Engineer 539
(b) General nature of industry, business, or establishment in which employed (or employer). B & O R R

9-BIRTHPLACE, (State or Country). Boston Mass

PARENTS.

10-NAME OF FATHER. Cain Mahoney

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Nora Berry

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary Mahoney
(Address) 1217 W Lombard St.

15-
FILED JAN 10 1916 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1915, to Jan 8 1915, that I saw him alive on Jan 8 1915, and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia
(Duration) 8 yrs. mos. 8 ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. 1 ds.
(Signed) [illegible] M. D.
1-10, 1916. (Address) 1302 W Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. Jan 11th, 1916.

20-UNDERTAKER [illegible] & Son ADDRESS 901 Hollins St.

Burial Permit Given

Please write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91119

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91119

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 3822 York Rd ST.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Fred Cecil McTerren

(Residence in Baltimore: No. 3822 York Rd ST.: 8 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ OR DIVORCED (Write the word): Divorced

6 DATE OF BIRTH: Oct. (Month) 9th (Day), 1883 (Year)

7 AGE: 32 yrs. 4 mos. — ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Not None

9 BIRTHPLACE (State or country): Clayton N.Y.

PARENTS

10 NAME OF FATHER: Jos. Lawrence

11 BIRTHPLACE OF FATHER (State or country): Vermont

12 MAIDEN NAME OF MOTHER: Virginia Berry

13 BIRTHPLACE OF MOTHER (State or country): N.Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred C McTerren

(Address) 1607 St Paul St

15. Filed JAN 10 1916, 191 HARRY O. ARLETTS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jany (Month) 9 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1915, to Jany. 9, 1916, that I saw h[illegible] alive on Jany 9, 1916, and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis
Ivy poison Toxemia (Duration) yrs. 1 mos. 5 ds
Contributory (SECONDARY) nephritis (Duration) yrs. don't know mos. ds.

(Signed) Edward H. London M. D.
(Address) 750 W. North Ave
Jany 9, 1916

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn cemt. DATE OF BURIAL: Jan 12 1916

UNDERTAKER: Bertram & Joe ADDRESS: 1753 Eutaw Pl

Spec.—5-19-13—M. & T.—500 Bks.

C91120 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 64 C91120

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 Druid Hill Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Smith

(Residence in Baltimore: No. 2222 Druid Hill Ave St.; 67 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1828
(Month) (Day) (Year)

7-AGE, 88 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Smith

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Maria Wallis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Smith

(Address) 2224 Druid Hill Ave

15- JAN 10 1916 HARRY O. ARENTS, Burial Permit Clerk
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 6 1916, to Jan. 8 1916, that I saw her alive on Jan. 8 1916, and that death occurred, on the date stated above, at 4A, m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 1 ds.

(Signed) W. V. Canby M. D.

Jan 9, 191 6 (Address) 515 Fawcett

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery | DATE OF BURIAL, Jan 10, 191 6

20-UNDERTAKER John A. Bookey | ADDRESS Druid Hill Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91121

CERTIFICATE OF DEATH.

92 C91121

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 Brantly Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Gorman

(Residence in Baltimore: No. 1038 Brantly Ave St.) (5 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 8 1845 (Month) (Day) (Year)

7-AGE, 70 yrs. 11 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Malachi Lally

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jane McConnon

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. J. Gorman (for F. T. Kemp)

(Address) 1038 Brantly Ave

15- Filed JAN 10 1916, 191.... MARY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 8, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 2 1916, to Jany 8 1916, that I saw her alive on Jany 8 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs....mos. 6 ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) ....yrs....mos. 7 ds.

(Signed) Geo. T. Kemp M. D.

Jany 9, 1916. (Address) St James Apartments

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, 1-11, 1916

20-UNDERTAKER H. C. Brauns Son

ADDRESS 517 N Schroeder St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91122

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 C91122

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Lang

(Residence in Baltimore: No. 1114 W 36th St. St.: Lifetime ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 7, 1895
(Month) (Day) (Year)

7-AGE, 20 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Edward Cheney

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anne Whitney

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Lang

(Address) 3432 Huckleberry Rd

15- Filed JAN 10 1916, 191. HARRY G. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1916, to Jan 9 1916, that I saw h w alive on Jan 9 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Toxemia from either a
Incident Tentonic which was
Due to Either W. Influenza Appendix.
Or Tubal Abortion (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Walter L. Klemm M. D.

1/7, 191.6 (Address) 24 Druid Hill Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? Infancy

Former or usual residence 1114 W 36th St

19-PLACE OF BURIAL OR REMOVAL, David Rudyt — DATE OF BURIAL, Jan 11, 1916

20-UNDERTAKER Thanhouser & Son — ADDRESS Chestnut Ave

over

Please write DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C91123

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1176 Scott ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Benj. Meredith.

(Residence in Baltimore: No. 1176 Scott St. St. 65 yrs., - mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Jan 6, 1851 (Month) (Day) (Year)

7-AGE, 65 yrs. 0 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stone cutter
(b) General nature of industry, business, or establishment in which employed (or employer) Jobber

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, Wm R. Meredith

11-BIRTHPLACE OF FATHER (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER Harriet Coleman

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss W. Meredith

(Address) 1176 Scott St

15- FILED JAN 10 1916 ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 191 6 to Jan 8 191 6 that I saw h alive on Jan 7. 1916 and that death occurred, on the date stated above, at 6 15 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (a) Senility

(Duration) yrs. mos. 6 ds.

(Signed) John G. Schwarz M. D.

Jan 8, 191 6 (Address) 1120 W Fred St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL JAN 11 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91124 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 C91124

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 William ST.; 24th WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Otterbein

(Residence in Baltimore: No. 1410 William St.; 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, August (Month) 27th (Day), 1839 (Year)

7-AGE, 76 yrs. 4 mos. 13 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Pie Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, George Otterbein

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Elizabeth Otterbein

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Otterbein

(Address) 1410 William St

15- Filed JAN 10 1916 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 9th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan. 8 1916, to Jan. 9. 1916, that I saw him alive on Jan. 9. 1916, and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration) 1 yr. 6 mos. ds.

(Signed) J. Pickel M. D.

Jan. 10., 1916. (Address) 1200 Orianna St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross A.A.C. DATE OF BURIAL, 1-12-1916.

20-UNDERTAKER E & B Harle ADDRESS 115 E West St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91125

CERTIFICATE OF DEATH.

43 C91125

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2422 Foster Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Fleishman

(Residence in Baltimore: No. 2422 Foster Ave St.; ...yrs. ...mos. ...ds.)

wife

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, April 18, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Gambrill

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Barbara Sherman

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Fleishman

(Address) 2422 Foster Ave

15-JAN 10 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Jan 8 1916, that I saw h[illegible] alive on Jan 7 1916, and that death occurred, on the date stated above, at 10 30 p. m.

The CAUSE OF DEATH* was as follows:

Operation 6 mos ago

Mucous Carcinoma

(Duration) ...yrs. 3 mos. ...ds.

CONTRIBUTORY (Secondary) Carcinoma of

Breast (Duration) 2 yrs. ...mos. ...ds.

(Signed) Chas P Lennan M. D.

Jan 10, 1916. (Address) 718 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Sacred Heart DATE OF BURIAL: Jan 11, 1916

20-UNDERTAKER: Lilly & Zile ADDRESS: 1403 Bank St

Please write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Amanda Greller

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91126

C91126

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2608 E Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Greller

(Residence in Baltimore: No. 2608 E Fayette St.; ....yrs., 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Nov 27, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... naul
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City Balto.

PARENTS.

10-NAME OF FATHER, John Greller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Magret Nachbar

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Greller

(Address) 2608 E Fayette St

15- JAN 10 1916 ROBERT . KRAUTER,
Filed....., - 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 8 1916, to Jan 9 1916, that I saw h[illegible] alive on 11 11 1916, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

.....Pneumonia Lobar.....

.....

.....

..... (Duration).....yrs.....mos. 4 .....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.

Jan 10, 1916 (Address) 1602 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Ce. DATE OF BURIAL, Jan. 11, 1916

20-UNDERTAKER Tilly & Zeile ADDRESS 403 Smy

Rec'd

important. See instructions on back of certificate.

...properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91127 — 172 C91127

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. A. Halloway

(Residence in Baltimore: No. 1007 N. Tucker St., St.; 67 yrs. 11 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Jan. (Month) 20 (Day), 1848 (Year)

7-AGE, 67 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... 966

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo Halloway

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary A. Fahs

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. F. Little

(Address) 431 N. Fremont Ave

15- Filed JAN 10 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

(Over)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1915, to Jan 8 1916, that I saw him alive on Jan 8 1916, and that death occurred, on the date stated above, at 10, 20 PM

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Accident or Fall of Contusion (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Fractured Femur

(Duration) ....yrs. ....mos. 11 ds.

(Signed) L. L. Houston Faulkner M. D.

Jan 8, 1916. (Address) Community Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 11 ds. In the State last yrs. mos. ds.

Where was disease contracted, if not at place of death? Road in Virden

Former or usual residence 1007 N. Tucker

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Jan. 11, 1916

20-UNDERTAKER, Geo. F. Little — ADDRESS, 431 N. Fremont

important. See instructions on back of certificate.

C91128

HEALTH DEPARTMENT---CITY OF BALTIMORE

C91128

CERTIFICATE OF DEATH

143

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Jefferson St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lelia R. Rosenberger

(Residence in Baltimore: No. 1616 Jefferson St.; yrs. 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb (Month) 3 (Day) 1865 (Year)

7-AGE: 53 yrs. 11 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Edinburg Va

PARENTS

10-NAME OF FATHER: John F Fry

11-BIRTHPLACE OF FATHER (State or country): Edinburg Va

12-MAIDEN NAME OF MOTHER: Sarah E. Bengley

13-BIRTHPLACE OF MOTHER (State or country): Surry Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John W Rosenberger

(Address) Frankford - Virginia

15- JAN 10 1916 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1916, to, Jan 9 1916, that I saw h.r alive on Jan 9 1916, and that death occurred, on the date stated above, at 11 45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma on Back of Neck

Contributory (SECONDARY): Septicemia (Duration) 1 yrs. mos. ds.

(Duration) yrs. 6 mos. 7 ds.

(Signed), Jno C Kemp M.D.

Jan 10, 1916. [Address] 1419 Eager St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: Jan 11, 1916

20-UNDERTAKER: Chas F Wasmus ADDRESS 217 N Fulton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91129

CERTIFICATE OF DEATH.

× 28 C91129

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr Joseph H Hewett

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ...yrs. 2 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 17 (Day) 1878 (Year)

7-AGE, 37 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician ??
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Griffin Hewett

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Cordelia Temple

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- JAN 10 1916 Burial Permit Issued ROBERT KRAUTER

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 7 1915, to January 10 1916, that I saw h alive on January 10 1916, and that death occurred, on the date stated above, at 9 20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Tuberculous Peritonitis

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tbc pericarditis

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) R. D. McClure M. D.

Jan 10, 191. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 2 mos. 3 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 63 River St Saranac Lake N. Y.

19-PLACE OF BURIAL OR REMOVAL, Elizabeth City N. Carolina

DATE OF BURIAL, Jan. 11....., 1916.

29-UNDERTAKER Albert C. Fuller

ADDRESS 2211 E. Broad

important. See instructions on back of certificate.

...erly classified. Exact statement of OCCUPATION is very ... that it may be properly ...

Spec.—8-24-14—M. & T.—2000 Bks.

C91130

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91130

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 711 S Collington Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Riegel

(Residence in Baltimore: No. 711 S Collington Ave St.; ..... yrs., life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widower

6-DATE OF BIRTH, Aug (Month) 9 (Day) 1855 (Year)

7-AGE, 59 yrs. 7 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Watchman night
(b) General nature of industry, business, or establishment in which employed (or employer) Warehouse

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Michael Riegel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rosa Loffler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Dora Schlatter

(Address) 711 S. Collington Ave.

15-JAN 10 1916 Filed ....., 191.... ROBERT KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 8 (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15th 1915, to Jan 8th 1916, that I saw h m alive on Jan 8th 1916, and that death occurred, on the date stated above, at 9.30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Coma

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Robert S. Kirk M. D.

Jan 10th, 1916. (Address) 100 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, Jan 11, 1916.

20-UNDERTAKER J Young & Co

ADDRESS 2008 Eutaw

important. See instructions on back of certificate.

operly classified. Exact statement of OCCUPATION is very

FILMED BY ETY

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91131

CERTIFICATE OF DEATH.

91 C91131

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 S. Carlton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta Beckman.

(Residence in Baltimore: No. 105 Carlton St.; 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 30 (Day), 1866 (Year)

7-AGE, 49 yrs. 2 mos. 9 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard Day

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth Metcalf

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Beckman

(Address) 105 S Carlton St

15- Filed JAN 10 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY. That I attended deceased from Dec 29 1916, to Jan 9 1916, that I saw h[illegible] alive on Jan 9 1916, and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 12 ds.

(Signed) J. P. Buxton M. D.

, 191... (Address) 301 E. Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Jan. 12, 1916

20-UNDERTAKER John J. Fields ADDRESS 1000 W. Pratt

important. See instructions on back of certificate.

S·A·F·E D·A·K

C91132

HEALTH DEPARTMENT---CITY OF BALTIMORE

C91132

CERTIFICATE OF DEATH

64

1-PLACE OF DEATH Marine Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. USS Montgomery ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Rogers

(Residence in Baltimore: No. U.S. Marine Hospital St.; yrs. 8 mos. —— ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED—WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: December (Month), 31 (Day), 1872 (Year)

7-AGE: 43 yrs. — mos. 10 ds. If LESS than 1 day, — hrs., or — min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Ships Cook, First Class
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Navy 727

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Dont Know

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Williamd Townsend
Pa Surgeon USN

(Address) USS Montgomery Fort McHenry

15- JAN 10 1916 Filed, 191— ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 10 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1915, to, Jany 10th 1916, that I saw him alive on Jany 10th 1916, and that death occurred, on the date stated above, at 10 AM. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs mos. 1 ds.

Contributory (SECONDARY) Albuminuria

Gradual (Duration) yrs mos. ds.

(Signed) Williamd Townsend M. D.

Jany 10th, 1916. [Address] U.S.S. Montgomery Fort McHenry

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs 8 mos ds. In the State yrs 8 mos ds.

Where was disease contracted, if not at place of death? —

Former or usual residence U.S. Navy

19-PLACE OF BURIAL OR REMOVAL: Annapolis Md DATE OF BURIAL: Jan 17/16 191

20-UNDERTAKER: Chas J. Gill ADDRESS: Annapolis Md

Please CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91133 C91133

CERTIFICATE OF DEATH.

REGISTERED No. C 91133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Chapman

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, August 6, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Chapman

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Carrie Moss

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Madeleine Hardy

(Address) Johns Hopkins Hospital

15-JAN 10 1916 ROBERT . KRAUTER, Registrar.

Filed ....., 191.... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 9, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to Jan 9 1916, that I saw her alive on Jan 9 1916, and that death occurred, on the date stated above, at 2.10 p.m.

The CAUSE OF DEATH* was as follows:

Luetic Ag Duodenal ulcer

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) (a.)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert W. Rosenthal M. D.

Jan 9, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. 1 mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 19 St Leonards Pond Md

19-PLACE OF BURIAL OR REMOVAL, Asbury Evergreen Cemetery DATE OF BURIAL, Jan 11, 1916

20-UNDERTAKER Edelin & Pope ADDRESS 1026 E Mulberry

important. See instructions on back of certificate.

161

C91134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X C91134

1-PLACE OF DEATH — CITY OF BALTIMORE (No.) Maryland General Hospital, Linden Ave. & Madison st. ST. 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Romaine Elburn,

(Residence in Baltimore: No. Non-resident, St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE. White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, Unknown, (Month) / (Day) (Year)

7-AGE. 45 ? yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oysterman, 033
(b) General nature of industry, business, or establishment in which employed (or employer): Oyster dredging.

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella I. Elburn, wife,

(Address) Rock Hall, Kent County, Md.

15- FILED JAN 10 1916, ROBERT . KRAUTER, Asst. Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 10th., (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture at the base of the skull caused by a leap from a window whilst insane. (suicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pellagra,

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemp M. D. (Coroner.)

Jan. 10th 1916. (Address) 3310 W. North Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 21 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Rock Hall, Md.

19-PLACE OF BURIAL OR REMOVAL, Rock Hall Md — DATE OF BURIAL, June 11, 1916

20-UNDERTAKER W. T. Salmon Son — ADDRESS Rock Hall

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91135

C91135

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 211 E. Mulberry ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Patrick McGuire

(Residence in Baltimore: No. 211 E. Mulberry St. ..... yrs., 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Aug (Day) ....., 1915. (Year)

7-AGE, ... yrs. 5 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, James McGuire

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Mary Stubbs

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jenny McGuire

(Address) 211 E. Mulberry St.

15- JAN 10 1916 191.....

Filed ROBERT ..... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 8th 1916, to Jany 9th 1916, that I saw h[illegible] alive on Jany 9th 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

a Pillary Bronchitis

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Pyhanolism

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) E. S. Mach M. D.

Jany 10 1916 (Address) 607 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem

DATE OF BURIAL. Jan 11, 1916

20-UNDERTAKER Milton E. Grossman

ADDRESS 705 W 37th St.

important. See instructions on back of certificate.

If OCCUPATION is very properly classified. Exact statement of this may be

Spec.—8-24-14—M. & T.—2000 Bks.

Hyman Liebow

C91136

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C91136

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hyman Liebow

(Residence in Baltimore: No. 2001 Barclay St.; 3 yrs. .. mos. .. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Unkown ..... (Month), ... (Day), 1 ..... (Year)

7-AGE,	If LESS than 1 day,
45 yrs. ..... mos. ..... da.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Clothing Factory

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unkown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... J Lewis

(Address) ..... 1419 E Baltimore St

15- JAN 10 1916 Filed ....., 191.... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1916, to Jan 10 1916, that I saw h[illegible] alive on Jan 10 1916, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 3 da.

CONTRIBUTORY (Secondary) Senile Edema of Lungs

..... (Duration) ..... yrs. ..... mos. 4 hrs.

(Signed) Louis Disser M. D.

1/10, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 2001 Barclay

19-PLACE OF BURIAL OR REMOVAL, Hebrew [illegible] DATE OF BURIAL, 1/10, 1916

20-UNDERTAKER Jack Levin ADDRESS 1419 E Balt

important. See instructions on back of certificate.

...ly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91137 — CERTIFICATE OF DEATH. — 40 — C91137

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 S Spring ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Meyer Beigelman

(Residence in Baltimore: No. 127 S Spring St.; 5 yrs. .. mos. .. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. ..Unknown.. (Month) ..... (Day) 1874 (Year)

7-AGE, 40 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Baker
(b) General nature of industry, business, or establishment in which employed (or employer) Bread

9-BIRTHPLACE, (State or Country), Russia Poland

PARENTS.

10-NAME OF FATHER. Morris Beigelman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fanny

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1419 E Balto St

15-JAN 10 1916 Filed ....., 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1915, to January 10 1916, that I saw him alive on Jan 10 1916, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Louis Wiener M. D.

1/10/16 191... (Address) Helen Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Hebrew Rosedale	1/11, 191.6
20-UNDERTAKER Jack Lewis	ADDRESS 1419 E Balto St

important. See instructions on back of certificate.

...that may be properly classified. Exact statement of OCCUPATION is very

C91138

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91138

CERTIFICATE OF DEATH.

REGISTERED No. C 79

(PLACE OF DEATH

CITY OF BALTIMORE (No. 1519 E Lanvale ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E Summers

(Residence in Baltimore: No. 1609 N Wolf St. 7 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 9th, 1883
(Month) (Day) (Year)

7-AGE, 33 yrs. 10 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, David Baumaster

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Mary E Zudrell

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Summers

(Address) 1609 N Wolfe St

15-

Filed JAN 11 1916 HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Elijah T Russell M. D.
(Coroner)

Jan 10th, 1916. (Address) 1516 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Jan 13, 1916
20-UNDERTAKER	ADDRESS
Robert T. Turner	1442 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C9139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C9139

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 N. Fremont Ave St.) 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Rider

(Residence in Baltimore: No. 1309 N. Fremont Ave St.; 2 yrs., 6 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, July 7, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Levin Rideout

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Katie Elliott

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Levin Rideout

(Address) 1309 N. Fremont Ave

15-

JAN 11 1916

[illegible] 191[illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 9, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 8 1915, to Jan. 9 1916, that I saw h e alive on Jan. 9 1916, and that death occurred, on the date stated above, at 11.45 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul Brown M. D.

Jan. 10, 1916 (Address) 183 Towanda Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Jan 11, 1916

20-UNDERTAKER Daniel Taylor

ADDRESS 916 Pa

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91140 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C91140

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital ST.; 16 WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Barnes

(Residence in Baltimore: No. 1419 Lafayette Ave St.; 23 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 11, 1871
(Month) (Day) (Year)

7-AGE, 44 yrs. 8 mos. 30 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Wales

PARENTS.

10-NAME OF FATHER, Joseph Bart

11-BIRTHPLACE OF FATHER (State or Country), Wales

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Wales

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John D. Barnes

(Address) 1419 W. Lafayette Ave

15- Filed JAN 11 1916, 191.....
HARRY O ISELIN, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1916, to Jan 10 1916, that I saw h alive on Jan 10 1916, and that death occurred, on the date stated above, at 6 05 P m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) None

(Duration) ... yrs. ... mos. ... ds.

(Signed) E. Howard Jones M. D.

....., 191... (Address) Maryland Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 2 ds. In the State 23 yrs. - mos. - ds.
Where was disease contracted, if not at place of death? Baltimore Md
Former or usual residence 1419 W. Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Jan. 12, 1916

20-UNDERTAKER Geo. L. Schmidt & Bro — ADDRESS 2101 Eutaw Ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C91141

1-PLACE OF DEATH St Vincents Infant Asylum REGISTERED NO. C

CITY OF BALTIMORE: (No. 1401- Division ST.; (Date) WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister Mary Bernard Reardon

(Residence in Baltimore: No. St. Vincent's Inft. Asylum, Balto St.; 8 yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 31, 1852
(Month) (Day) (Year)

7-AGE, 63 yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sister of Chas
(b) General nature of industry, business, or establishment in which employed (or employer): Charity

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, David Reardon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Shehan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister M. Florence

(Address) 1401- Division St. Balto.

15- JAN 11 1916 HARRY O ARMEN, Burial Permit Clerk
Filed ..... 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1910, to Jan 10 1916, that I saw h Or alive on Jan 9, 1916, and that death occurred, on the date stated above, at 3a. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) 6 yrs. 3 mos. ds.

(Signed) Eugene F Hayward M. D.

Jan 10, 1916. (Address) 858 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 8 yrs. mos. ds. In the State 8 yrs. mos. ds.

Where was disease contracted if not at place of death? St Vincents Inf Asylum

Former or usual residence St Vincents Inft. Asylum Balto.

19-PLACE OF BURIAL OR REMOVAL Emmitsburg Md DATE OF BURIAL. Jan 13 1916

20-UNDERTAKER Martin Fahey & Sons ADDRESS 56 Lafayette Av

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C91142

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C91142

1 PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 311 W. Hoffman St.: 11 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Munroe Snell

(Residence in Baltimore: No. 311 W. Hoffman St.: 60 yrs. mos. ds.)

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: November (Month) 17 (Day), 1836 (Year)

7 AGE: 79 yrs. 1 mos. 24 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION — 630
(a) Trade, profession, or particular kind of work: Life insurance
(b) General nature of industry, business, or establishment in which employed (or employer): General agent

9 BIRTHPLACE (State or country): Ware, Mass.

PARENTS

10 NAME OF FATHER: Melville Snell

11 BIRTHPLACE OF FATHER (State or country): Ware, Mass.

12 MAIDEN NAME OF MOTHER: Harriet Andrews

13 BIRTHPLACE OF MOTHER (State or country): Ware, Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Janet M. L. Snell

(Address) 311 W. Hoffman St.

15. Filed JAN 11 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1916, to Jan 10 1916, that I saw h[illegible] alive on Jan 10, 1916, and that death occurred, on the date stated above, at 2.45 P.M.

The CAUSE OF DEATH* was as follows:

Arteria-sclerosis.

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

(Signed) James C. Clarke M. D.

, 191 (Address) 1201 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Green Mount Cem. — DATE OF BURIAL: Jan 12, 1916

20 UNDERTAKER: M Leary Jones — ADDRESS: 833 Linden Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91143

CERTIFICATE OF DEATH.

REGISTERED No. C 91143

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1504 Presstman ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John William Randall

(Residence in Baltimore: No. 1504 Presstman St.; 12 yrs.,.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 5th, 1874
(Month) (Day) (Year)

7-AGE, 41 yrs. 7 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Vendor of Drinks

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward Randall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maley-Burgess

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Randall

(Address) 1504 Presstman St

JAN 11 1916 Filed....., 191.... Earl C. Andrews, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1915, to Jan 9th 1916, that I saw h.. alive on Jan 8th 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. One mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harry F Brower M. D.

Jan 9th, 1916 (Address) 1501 Presstman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem — DATE OF BURIAL, Jan 11, 1916

20-UNDERTAKER James H Dimmes — ADDRESS 133 Preston

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91144

CERTIFICATE OF DEATH.

109 C91144

1-PLACE OF DEATH Woman's Hospital

REGISTERED No. C.

CITY OF BALTIMORE: (No. Lexington Ave. & John St ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula Roberts Lee

(Residence in Baltimore: No. 2119 Guilford Ave St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)~~ Married

6-DATE OF BIRTH, April 24th, 1875
(Month) (Day) (Year)

7-AGE, 40 yrs. 8 mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Easton Md

PARENTS.

10-NAME OF FATHER, Col. Edward Roberts

11-BIRTHPLACE OF FATHER (State or Country), Baltimore ~~Easton Shore~~

12-MAIDEN NAME OF MOTHER Cornelia Lamon

13-BIRTHPLACE OF MOTHER (State or Country), Eastern Shore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lee (Brother in law)

(Address) 2119 Guilford Ave.

15-JAN 11 1916 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 10th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Jan 10 1916, that I saw her alive on Jan 10 1916, and that death occurred, on the date stated above, at 1:30 P.m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Incarcerated Hernia

(Duration) yrs. mos. 4 ds.

(Signed) O. P. Jamison M. D.

Jan. 10., 1916 (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 9 ds. In the State 15 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Home 2119 Guilford Ave.

Former or usual residence 2119 Guilford Avenue

19-PLACE OF BURIAL OR REMOVAL, Easton Md. DATE OF BURIAL, Jany. 12th, 1916.

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 201 E. Fayette St

important. See instructions on back of certificate.

C91145

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C91145

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 515 Dauphine St. 17 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Baby Gantt.

(Residence in Baltimore: No. 515 Dauphin St St.; ..... yrs. ..... mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan. (Month) 9 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md. City

PARENTS

10-NAME OF FATHER: William Gantt

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Elenor Robinson

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Gantt

(Address) 515 Dauphin St

15 JAN 11 1916 Filed ....., 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 10 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 9, 1916, to Jan 10 1916, that I saw h[illegible] alive on Jan 10, 1916, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Premature Birth.

..... (Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY) Premature Birth.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr V Fitzgerald M. D.

Jan 11, 1916 (Address) 111 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 1/11, 1916

20-UNDERTAKER: Samuel Hemsley — ADDRESS: 617 N Bond

Spec.—8-24-14—M. & T.—2000 Blks.

C91146

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91146

CERTIFICATE OF DEATH.

REGISTERED No. C 172

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph's Hospital St.; 8 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. D. Boone

(Residence in Baltimore: No. 1225 N. Eden St St.; Life yrs. mos. ds.)

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male
4-COLOR OR RACE: white
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Sept 21, 1831 (Month) (Day) (Year)

7-AGE: 84 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 1917
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.
10-NAME OF FATHER: John H. D. Boone
11-BIRTHPLACE OF FATHER (State or Country): Maryland
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Wm Boone
(Address): 1225 N. Eden St

15-
Filed JAN 11 1916 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: January 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 4 1915, to January 11 1916, that I saw h[illegible] alive on January 11 1916, and that death occurred, on the date stated above, at 8:26 a.m.

The CAUSE OF DEATH* was as follows:
Hypostatic Pneumonia
(Duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary): Fractured Femur
(Duration) 3 yrs. 3 mos. 7 ds.

(Signed) J. Winton Clift M. D.
Jany 11, 1916. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 3 yrs. 7 mos. ds. In the State Life yrs. mos. ds.
Where was disease contracted, if not at place of death? unknown
Former or usual residence 1225 N. Eden St

19-PLACE OF BURIAL OR REMOVAL: Garland Cemetery DATE OF BURIAL: Jan 14, 1916
20-UNDERTAKER: Chas Evans & Son ADDRESS: 1811 McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91147 HEALTH DEPARTMENT—CITY OF BALTIMORE C91147

CERTIFICATE OF DEATH.

91 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1741 N Dallas ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Hunter

(Residence in Baltimore: No. 1741 N Dallas St.; yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, April (Month) 16th (Day), 1915 (Year)

7-AGE, ...yrs. 8 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frank Hunter

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Virginia Brodgdon

13-BIRTHPLACE OF MOTHER (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vagina Hunter

(Address) 1741 N. Dallas St

15- JAN 11 1916 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Edgar P. Russell M. D. (Coroner.)

Jan 10. 1916 (Address) 1326 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Faul Cemetery	Jan 11, 1916
20-UNDERTAKER	ADDRESS
John H Owens	1222 Druid

Spec.—8-24-14—M. & T.—2000 Bks.

C91148

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91148

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 7 WARD)

2-FULL NAME Anna Heath.-

(Residence in Baltimore: No. 903 Rutland Ave. St.: Life yrs., mos. ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan. 1, 1878 (Month) (Day) (Year)

7-AGE, 38 yrs. mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Dasch

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sarah Chamberlain

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willmer Heath

(Address) 903 Rutland Ave.

15-

Filed JAN 11 1916 HARRY O. ANDREWS, Burial Permit Clerk Registrar.

over

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 9, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1916, to Jan 9 1916, that I saw h[er] alive on Jan 9 1916, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Abortion - Chronic Nephritis - Uraemia -

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Malformation

(Duration) yrs. mos. 2 ds.

(Signed) Oscar V Rutland M. D.

Jan 9, 1916. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 5 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 903 Rutland Ave.

19-PLACE OF BURIAL OR REMOVAL, Lauden Park Cem. DATE OF BURIAL, Jan 12 1916

20-UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay St

important. See instructions on back of certificate.

e properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C91149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

C91149

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 208 Myrtle Ave ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Maria Proctor

(Residence in Baltimore: No. 208 Myrtle Ave. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
White	Colored	Single

6-DATE OF BIRTH, Oct. 21, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Charles Brown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ena Proctor

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ena Proctor

(Address) 208 Myrtle Ave

15- JAN 11 1916 HARRY O. ANDREWS,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 6 1916, to Jan. 9 1916, that I saw h[illegible] alive on Jan. 8 1916, and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. 6 ds.

(Signed) L. W. Douglass M. D.

Jan. 10, 1916. (Address) 12 York Court

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cem	Jan. 12, 1916

20-UNDERTAKER Robert A Elliott ADDRESS 506 Rogers Ave

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C91150 HEALTH DEPARTMENT—CITY OF BALTIMORE C91150

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 Mulliken ST.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Hill

(Residence in Baltimore: No. 1233 Mulliken St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fmal

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 10, 1870 (Month) (Day) (Year)

7-AGE, 45 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Howe

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Teresa Day

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Smith

(Address) 1219 Mulliken

15-

Filed JAN 11 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1915, to Jan 9 1916, that I saw h r alive on Jan 8 1916, and that death occurred, on the date stated above, at 3.40 p.m.

The CAUSE OF DEATH* was as follows:

Cancer in left Breast, Operation Refused by patient

(Duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. C. Burns M. D.

Jan 9 1916 (Address) 2218 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laural Penn

DATE OF BURIAL, Jan 12, 1916

20-UNDERTAKER Robert A Elliott

ADDRESS 506 Rogers Av

44

important. See instructions on back of certificate.

C91151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C91151

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 219 Division St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Walter Roy

(Residence in Baltimore: No. 219 Division St St.; 22 yrs. 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): Laborer General

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) by Blanch Williams

(Address) 1931 Druid Hill Ave

15 JAN 11 1916 Filed, 191

HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 9 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1916, to Jan 9 1916, that I saw h[illegible] alive on Jan 8, 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia, Sabor.

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Cardiac Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Blanch Roy M. D.

1/9, 1916 (Address) 2135 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: Jan 12, 1916

20 UNDERTAKER: Robert A Elliott

ADDRESS: 506 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE,

C91152

C91152

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's German Hospital ST.; 9 WARD)

Mary Chase,

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.....

(Residence in Baltimore: No. St. Josephs Hospital St.; ....yrs.,....mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, colored

5-SINGLE, Married, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Dec 21 (Month) (Day), 1864 (Year)

7-AGE, 51 yrs. 0 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Prince George County

PARENTS.

10-NAME OF FATHER, Lewis Briscoe

11-BIRTHPLACE OF FATHER (State or Country), Chas County

12-MAIDEN NAME OF MOTHER Harriet Marshall

13-BIRTHPLACE OF MOTHER (State or Country), Chas County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta B Smallwood

(Address) 618 Pitcher St

15- JAN 11 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1916, to Jan 10 1916, that I saw h-er alive on Jan 10 1916, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever -

not known

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia - Hemorrhage

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Oscar J Pinkard M. D.

Jan 10, 1916. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 ds. In the State 51 yrs. — mos. 20 ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence White Plains - Md.

19-PLACE OF BURIAL OR REMOVAL. White Plains, Md

DATE OF BURIAL, Jan 11, 191.6

20-UNDERTAKER Edw. H. Pye

ADDRESS 61 Pinter Ave Catonsville Md.

Important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 C91153

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N. Gilmington Ave ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia A Brown

(Residence in Baltimore: No. 920 N Gilmington Ave St.; 62 yrs. 3 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: August (Month) 27 (Day) 1853 (Year)

7-AGE: 62 yrs. 3 mos. 18 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Augustus Schleier

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mathilda Fisher

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr C C Brown

(Address) 920 N Gilmington

15-

Filed JAN 11 1916, 191 ROBERT . KRAUTER, Form 1 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6, 1916, to Jan 9 1916, that I saw h... alive on Jan 9 1916, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 2 yrs mos ds.

Contributory (SECONDARY) Diabetic Gangrene

(Duration) yrs mos ds.

(Signed) Edward Cook M. D.

1/10 1916 [Address] 412 N Gilmington

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 12, 1916

20-UNDERTAKER: William Cook — ADDRESS: 502 E Stath Ave

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91154 C91154

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 Argyle Ave ST.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Wright

(Residence in Baltimore: No. 1543 Argyle Ave St. 21 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, April 9 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thos. Wright

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Catherine Norfolk

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Morris Wright

(Address) Freeman & Payson Sts

15- Filed JAN 11 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1916, to Jan. 7 1916, that I saw her alive on Jan. 8 1916, and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul Brown M. D.

Jan 9, 1916 (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1837 Penna Ave

19-PLACE OF BURIAL OR REMOVAL, Stone Chapel Cemetery — DATE OF BURIAL, 1-12, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E. North Ave

Important. See instructions on back of certificate. The property classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91155

CERTIFICATE OF DEATH.

1920 C91155

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 N. Broadway ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Jane Padgett

(Residence in Baltimore: No. 1025 N. Broadway St.; 75 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb 22, 1837
(Month) (Day) (Year)

7-AGE, 78 yrs. 10 mos. 18 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): housework

9-BIRTHPLACE, (State or Country), Germantown Pa.

PARENTS.

10-NAME OF FATHER, Robert Hamill

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Cardwell

13-BIRTHPLACE OF MOTHER (State or Country), Belfast Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert J. Padgett

(Address) 409 N. Broadway

15- Filed JAN 11 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1916, to Jan 9 1916, that I saw her alive on Jan 9 1916, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Uremia

3

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) 3 yrs. mos. da.

(Signed) John W. Donaldson M. D.

Jan 10, 1916. (Address) 1742 Carlton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Jan 13, 1916
20-UNDERTAKER Fickler & Fickler	ADDRESS 1739 E. Eager

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91156

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91156

55

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Roe Hatchey

(Residence in Baltimore: No. 433 E. Lafayette ave St.; ....yrs.,.... mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ..Dec..29..., 1914.
(Month) (Day) (Year)

7-AGE, ..1..yrs...mos...8...ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..None.
(b) General nature of industry, business, or establishment in which employed (or employer) ..None.

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER Albert H. MacClatchy

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Anita N Smead

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert H. MacClatchy

(Address) 433 E Lafayette Ave

15- JAN 11 1916 ROBERT . KRAUTER,
Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..Jan. 10th..., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9th 1916, to Jan 10th 1916, that I saw him alive on Jan 10th 1916, and that death occurred, on the date stated above, at 7.50 p.m.

The CAUSE OF DEATH* was as follows:
..Recurrent Vomiting..
..with acidosis..

..... (Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary)
..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Gilbert W. Rosenthal M. D.

1/11/16, 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 1 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 433 E. Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	Jan. 11 1916.
20-UNDERTAKER	ADDRESS
Albert E. Fuller	201 N. Bway

Important. See instructions on back of certificate. Property classified. Exact statement of OCCUPATION is very

C91157

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 120

C91157

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.: 7 WARD)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Park Custis

CUSTIS

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs. ..... mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: October (Month) 15th (Day) 1852 (Year)

7-AGE: 63 yrs. 2 mos. 25 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Pharmacist 655
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Newbern, N. C.

PARENTS

10-NAME OF FATHER: Peter D. Custis

11-BIRTHPLACE OF FATHER (State or country): Newbern N. C.

12-MAIDEN NAME OF MOTHER: Sallie Smith

13-BIRTHPLACE OF MOTHER (State or country): Newbern N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Redmond

(Address) Annapolis, Md

15- JAN 11 1916 Filed ....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jamary (Month) 10th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4, 1916, to, Jan 10 1916, that I saw him alive on Jan 10 1916, and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (SECONDARY) Chronic Alcoholism and Chronic Syphilitis

(Duration) 30 yrs. ..... mos. ..... ds.

(Signed), R. W. Hall M. D.

Jan. 10, 1916. [Address] Johns Hopkins Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos 6 ds. In the State 30 yrs. ..... mos ..... ds.

Where was disease contracted, if not at place of death? Annapolis, Md

Former or usual residence 110 West St. Annapolis, Md

19-PLACE OF BURIAL OR REMOVAL: Annapolis Md. DATE OF BURIAL: JAN 11 1916

20-UNDERTAKER: Ben E. Hopping ADDRESS: Annapolis Md

NOTICE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91158

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91158

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.: 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin F. Orchard Jr.

(Residence in Baltimore: No. Mercy Hospital St.: 10 hrs. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. 1 (Month) 10 (Day), 1916 (Year)

7-AGE.	If LESS than 1 day,
0 yrs. 0 mos. ds.	18 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Curtis Bay A.A Co. Maryland

PARENTS.

10-NAME OF FATHER, Benjamin F. Orchard Sr.

11-BIRTHPLACE OF FATHER (State or Country), Ohio.

12-MAIDEN NAME OF MOTHER Laura Ulg.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Orchard

(Address) Curtis Bay A.A Co. Md

15- JAN 11 1916 Filed ....., 191.....

ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-10 1916, to 1-10 1916, that I saw him alive on 1-11 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Celebration

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. L. Rands M. D.

1-11, 1916 (Address) 2 Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Cedar Hill Cemetery	Jan. 12, 1916
20-UNDERTAKER W. J. & M. J. Flynn	ADDRESS 1425 Light St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C91459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C91459

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of M 14 St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry W Glasser Jr

(Residence in Baltimore: No. Lafayette ave & John St.; 0 yrs., 0 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 31, 1915
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry W Glasser

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary W Rayner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry W Glasser

(Address) Catonsville

15. Filed JAN 11 1916, 191.

ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1915, to Jan 11 1916, that I saw him alive on Jan 11 1916, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Ductless Gland Intermediation ?

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. P. Jones M. D.

Jan 11, 1916 (Address) Woman's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 12 ds. In the State 0 yrs. 0 mos. 12 ds.

Where was disease contracted, if not at place of death?

Former or usual residence — None —

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Jany 12, 191.

20-UNDERTAKER Stewart Mourn Co — ADDRESS 108 W North Ave

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C91160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157

C91160

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2424 Lakeview St. 43 WARD)

Registered No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Nordlinger

(Residence in Baltimore: No. 2424 Lakeview Ave St.; yrs., 54 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 9, 1862
(Month) (Day) (Year)

7-AGE, 53 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant 665
(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale Seed & Spices

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Isaac Nordlinger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Nanette Eising

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Nordlinger

(Address) 1700 Eutaw Place

15- Filed JAN 11 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shot (Duration) 1 hr. mins. ds.

CONTRIBUTORY (Secondary) Suicide

(Duration) yrs. mos. ds.

(Signed) Harry C. Wiegand (Coroner) M. D.

Jan 10, 1916. (Address) 3646 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Har Sinai Cem. DATE OF BURIAL, Jan 13, 1916

20-UNDERTAKER J Ahrens & Co ADDRESS 1611 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Millicent E. Pearson

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91161 C91161

CERTIFICATE OF DEATH

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 417 E. Lafayette Ave ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millicent E. Pearson

(Residence in Baltimore: No. 417 E. Lafayette Ave St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April (Month) 28 (Day), 1840 (Year)

7-AGE: 75 yrs. 8 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Daniel H. Rogers

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Eliza A. Tyler

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-I HEREBY CERTIFY, THAT I SAW THE DECEASED ALIVE AT THE ABOVE ADDRESS FROM: January 8 1916 TO January 10 1916

THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR STATED ABOVE, FROM THE CAUSES AND ON THE DATE SET FORTH.

(Informant) V. B. McLee

(Address) 417 E. Lafayette Ave

Filed JAN 11 1916 19

ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 8, 1916 to January 10 1916.
that I saw her alive on January 10, 1916.
and that death occurred, on the date stated above, at 3.40 A m.
The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) E. A. Munoz M. D.

Jan 10, 1916 (Address) 1801 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	At place of death			In the State			
	yrs.	mos.	ds.		yrs.	mos.	ds.
Where was disease contracted, If not at place of death? Former or usual residence							

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 12 1916

20-UNDERTAKER: Armstrong & Leimy Co

ADDRESS: 715 Light St

1. BE VERY EXACT. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C91162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Fremont St.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Foster

(Residence in Baltimore: No. 813 Fremont St.; 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April 1898
(Month) (Day) (Year)

7-AGE, 17 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Andrew Foster

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Florence Trudy

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Foster

(Address) 813 Fremont St.

15- Filed JAN 11 1916. ROBERT . KRAUTER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 10th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 1916 to January 10 1916, that I saw h[illegible] alive on January 10th 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Lee Elliott M. D.

1/11, 1916. (Address) 94 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Jan 12, 1916

20-UNDERTAKER Thomas L. Hensley

ADDRESS 57 E. Biddle

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91163

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C91163

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp ST. 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Stall

(Residence in Baltimore: No. 637 Wyeth St. St. 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1860 (Year)

7-AGE, 56 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Baker 210
(b) General nature of industry, business, or establishment in which employed (or employer): Cake

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Stall

(Address) 637 Wyeth St

15-

Filed JAN 13 1916, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 9 1916, that I saw h last alive on Jan 9 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
and Hemiplegia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) E. Howard Donahue M. D.

Jan 9, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State 35 yrs. mos. ds.

Where was disease contracted, if not at place of death? Baltimore md.

Former or usual residence 637 Wyeth St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 12, 1916

20-UNDERTAKER, Geo Reinhardt — ADDRESS 6711 Pa

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C91164

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91164

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Eastern Av ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E Amend

(Residence in Baltimore: No. 910 Eastern Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 20, 1915
(Month) (Day) (Year)

7-AGE, yrs. 4 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Chris E Amend

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mattie Bailey

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Chris E Amend

(Address) 910 Eastern Ave

15-JAN 12 1916

Filed....., 191.... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 191 6 to Jan 10 191 6

that I saw h er alive on Jan 9 191 6

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Acute Nephritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 10 ds.

(Signed) G. E. Peck M. D.

Jan 10 191 6 (Address) 2000 E Balt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem — DATE OF BURIAL, Jan 13 1916

20-UNDERTAKER Peter Nicolaus — ADDRESS 2016 Eastern Av.

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C91165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C91165

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Bank ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Kraft

(Residence in Baltimore: No. 2124 Bank St.; 44 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May (Month) 3 (Day) 1852 (Year)

7-AGE, 63 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of Industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unkown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr J F Kraft

(Address) 2124 Bank St

15- Filed JAN 12 1916 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 11th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 4th 1915, to Jan 11th 1916, that I saw h[er] alive on Jan 11th 1916, and that death occurred, on the date stated above, at 11½ m.

The CAUSE OF DEATH* was as follows:

Pulmonic Intestitual
Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) Yrs. mos. ds.

(Signed) Herman A. Fleming M. D.

Jan 11th, 1916. (Address) 1800 Eastern Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: 1st German Cem. DATE OF BURIAL: Jan. 14.. 1916

20-UNDERTAKER: Peter Nicolaus ADDRESS: 2046 Eastern Ave

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

TYPE • A • F • E

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91166 C91166

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 E. Monument St.; 7 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur P. Parker

(Residence in Baltimore: No. 1504 E. Monument St.; — yrs., — mos.— ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored a. A.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Rosa Parker

(Address) 1504 E. Monument

15- JAN 12 1916 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 9, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1916. to Jan. 9, 1916. that I saw h[illegible] alive on Jan. 9, 1916. and that death occurred, on the date stated above, at 9:30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ... ds.

CONTRIBUTORY (Secondary) Influenza

..... (Duration) ..... yrs. ..... mos. 12 ... ds.

(Signed) H. K. Bimson M. D.

Jan 11, 1916 (Address) 611 N. Carolina

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cem

DATE OF BURIAL. Jan 12, 1916

20-UNDERTAKER Robert A. Elliott

ADDRESS 506 East

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

D A K O

C91167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C91167

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 512 Eisler ST.: 22 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Brown
(Residence in Baltimore: No. 512 Eisler St.) 29 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Colored	Married

6-DATE OF BIRTH, July 4th, 1886
(Month) (Day) (Year)

7-AGE 30 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer (General)
(b) General nature of industry, business, or establishment in which employed (or employer): 243

9-BIRTHPLACE, (State or Country), Md

PARENTS.
10-NAME OF FATHER, Allen G. Brown
11-BIRTHPLACE OF FATHER (State or Country), Md
12-MAIDEN NAME OF MOTHER unknown
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.
(Informant) Lula Brown
(Address) 512 Eisler

15- JAN 12 1916 HARRY O. ANDREWS, Registrar.
Burial permit 01 [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH January 9th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death in the city stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Wm M Savage M. D.
(Coroner.)
Jan 11, 1916 (Address) 1719 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ft Auburn Cemetery	Jan 12, 1916
20-UNDERTAKER Geo F Hooper	ADDRESS W Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 C91168

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Shuph St ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W Bergman

(Residence in Baltimore: No. 1005 Shuph St. St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 22 (Day), 1855 (Year)

7-AGE, 60 yrs. 10 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cigarmaker 239
(b) General nature of industry, business, or establishment in which employed (or employer) Cigar Shop

9-BIRTHPLACE, (State or Country), Balto City Maryland.

PARENTS.

10-NAME OF FATHER, Louis Bergman

11-BIRTHPLACE OF FATHER (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER Johanna Brockhof

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence J Bergman

(Address) 7651 W. Lee st

15- JAN 12 1916 Filed....., 191 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1916, to Jan 10 1916; that I saw h[illegible] alive on Jan 9, 1916; and that death occurred on the date stated above, at 3.15 p m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) 1 yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion Lungs

(Duration) yrs. mos. 10 ds.

(Signed) M L Sulzinger MD M. D.

Jan 11, 1916. (Address) 65 E Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem DATE OF BURIAL, Jan 12, 1916

20-UNDERTAKER C Schlosman & Son ADDRESS 1039 Hanover st

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very properly examined.

Spec.—8-24-14—M. & T.—2000 Bks.

Dr Gaddis 42 9216-25-15 C91169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Abbottson St.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida R. Price

(Residence in Baltimore: No. 1507 Abbottson St.; 2 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dec. (Month) 5 (Day), 1869 (Year)

7-AGE, 46 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Port Deposit Md

PARENTS.

10-NAME OF FATHER, George W Conner

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Martha M Conner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles W Price

(Address) 1507 Abbottson

15- Filed JAN 12 1916, 191... HARRY O. ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1915, to Jan 11 1916, that I saw her alive on Jan. 10 1916, and that death occurred, on the date stated above, at 7:45 m.

The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

Operation June 1915

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Malignancy

(Duration) ... yrs. ... mos. ... ds.

(Signed) J W Luddes M. D.

1/11/16 191... (Address) 321 E 25

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Port Deposit Md — DATE OF BURIAL, Jan 14 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

important. See instructions on back of certificate.

C91170 C91170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 315 Garrison Lane ST. 20 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert R. Ramsay

(Residence in Baltimore: No. 315 Garrison Lane St.)

(79 yrs., 2 mos. 12 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Oct (Month) 28th (Day), 1836 (Year)

7-AGE, 79 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired Laborer

9-BIRTHPLACE, (State or Country), Md (Balto City)

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Beachwood

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith Raabe

(Address) 315 Garrison Lane

15- JAN 12 1916 HARRY O. ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 10th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Sam'l Feinberg M. D.
(Coroner)

Jan. 11th, 1916. (Address) 2303 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, 1-13, 19.16.

20-UNDERTAKER William Cook — ADDRESS 502 E North

Spec.—8-24-14—M. & T.—2000 Bks.

C91171

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C91171

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2508 Greenmount Ave ST.; 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Mellor

(Residence in Baltimore: No. 2508 Greenmount Ave St.; 65 yrs., 8 mos., 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, (Month) May (Day) 2nd, (Year) 1850

7-AGE, 65 yrs. 8 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter 328
(b) General nature of industry, business, or establishment in which employed (or employer): House Painter

9-BIRTHPLACE, (State or Country): Md. (Balto City)

PARENTS.

10-NAME OF FATHER: John Mellor.

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Lilly Anne Forsythe

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Wells

(Address) 2508 Greenmount Ave

15-

Filed JAN 12 1916, 191. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) January (Day) 11th, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Jan 8th 1916, to Jan 11th 1916, that I saw h— alive on Jan 11th 1916, and that death occurred, on the date stated above, at 7.50 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Exterior cancer

(Duration) ?....yrs. ....mos. ....ds.

(Signed) Jas. A. Dungan, M.D.

Jan 11th, 1916. (Address) 2537 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL, 1— 14th, 1916

20-UNDERTAKER: Wallace Cook — ADDRESS: 502 E North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C91172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 N. Lafayette Ave St.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Wickert

(Residence in Baltimore: No. 2702 N. Lafayette Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct (Month) 31 (Day) 1855 (Year)

7-AGE, 62 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Wickert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Friend

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daughter

(Address) 2702 N. Lafayette Ave.

15-

Filed JAN 12 1916 191.. HARRY O. ANDREWS, BURIAL PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 12 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1915, to Jan 12 1916, that I saw h.. alive on Jan 12 1916, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Cedima of Lungs

(Duration) ....yrs. 3 mos. .... ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ....yrs. 3 mos. .... ds.

(Signed) John V. Prather M. D.

Jan 12 1916 (Address) 100 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 2702 N. Lafayette

Former or usual residence 2702 N. Lafayette

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan. 15..., 1916

20-UNDERTAKER Williams & Cook — ADDRESS 502 E. North Ave.

important. See instructions on back of certificate.

C91173 C91173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2794 West North Ave St.; 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Knight Sutton

(Residence in Baltimore: No. 2794 W North Ave St.; 3 yrs. / mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Dec. (Month) 25 (Day), 1835 (Year)

7-AGE: 80 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none (Retired 1st
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel-Keeper

9-BIRTHPLACE (State or country): Calvert a. Kent Co Md

PARENTS

10-NAME OF FATHER: Edmund Sutton

11-BIRTHPLACE OF FATHER (State or country): Kent Co. Md

12-MAIDEN NAME OF MOTHER: Cann.

13-BIRTHPLACE OF MOTHER (State or country): Kent Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm K Sutton

(Address) 1654 W North Ave

15. Filed JAN 12 1916, 191 HARRY O. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1915, to. Jan 10 1916.
that I saw h alive on Jan 10 1916.
and that death occurred, on the date stated above at 6 P. m.
The CAUSE OF DEATH* was as follows:
Senile Debility

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY) Bronchial Asthma

(Duration) 1 yrs. 1 mos. — ds.

(Signed), W A B Stillman M. D.
Jan 11, 1916. (Address) 58 E. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Janry 12, 1916

20-UNDERTAKER: Stewart Mowen Co — ADDRESS: 108 W North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91174

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91174

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 N. Rose ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Borgmann

(Residence in Baltimore: No. 529 N. Rose St.; 37 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. 3rd, 1877 (Month) (Day) (Year)

7-AGE, 38 yrs. 3 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet
(b) General nature of industry, business, or establishment in which employed (or employer): Maker

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Borgmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Borgmann

(Address) 529 N. Rose St.

15-

Filed JAN 12 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 25 1916, to Jan 8th 1916, that I saw h[illegible] alive on Jan 8th 1916, and that death occurred, on the date stated above, at 10 m. P.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Had (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. L. Meyer Jr. M. D.

Jan 10, 191.6 (Address) 401 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mathews Cem. DATE OF BURIAL, Jan 12 1916

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C91175 C91175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2621 Boone ST.; 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H Washington

(Residence in Baltimore: No. 2621 Boone St.) 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Dec 24th, 1865
(Month) (Day) (Year)

7-AGE, 80 yrs. 0 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Was disabled

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Charles H Washington

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Young

(Address) 2621 Boone

15- JAN 12 1916 HARRY O. ANDREWS,
Filed ....., 191. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) .... yrs. .... mos. .... ds.

(Signed) Elijah V Powell M. D.
(Coroner.)

Jan 11 1916 (Address) 1126 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Jan 12, 1916
20-UNDERTAKER	ADDRESS
James H Dennis	1803 East

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91176

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

C91176

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2146 N. Lexington ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Minnie C. Emmert

(Residence in Baltimore: No. 2146 N. Lexington St. St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: June 9, 1850 (Month) (Day) (Year)

7 AGE: 53 yrs. mos. ds. | If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: J. Lang

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothea

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Emmert

(Address) 2146 N. Lexington St.

15 JAN 12 1916 Filed, 191

HARRY O. ARDEANS
Burial Permit Clerk
REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 10, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191—, to ....., 191—, that I saw h— alive on June 9, 1916, and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

Cancer of Leg
operation about 8 mos.
prior to death

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Pneumonia

(Duration) yrs. 3 mos. ds.

(Signed) W. F. Kerr, M. D.

6-11, 1916 (Address) 1 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Jan 13, 1916
20 UNDERTAKER	ADDRESS
Geo J. Smith	Fayette &

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91177 C91177

CERTIFICATE OF DEATH. x 91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen Morris

(Residence in Baltimore: No. Church Home & Infirmary St.; 18 yrs., 8 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. ..... (Month) 2 (Day) 2 (Year) 1831

7-AGE, 85 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Charles County Md

PARENTS.

10-NAME OF FATHER, William Morris

11-BIRTHPLACE OF FATHER (State or Country), Charles County

12-MAIDEN NAME OF MOTHER Henrietta Price

13-BIRTHPLACE OF MOTHER (State or Country), Charles County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mattie Bennison

(Address)..... Church Home & Infy

15- Filed JAN 12 1916 HARRY C. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 17th 1915, to Jan 11th 1916, that I saw h[illegible] alive on Jan 11th 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harris W Boyer M. D.

Jan 11th, 1916. (Address) Church Home & Inf

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 15 yrs. 8 mos. 24 ds. In the State 18 yrs. 8 mos. 29 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Charles County Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Jan 13, 1916
20-UNDERTAKER	ADDRESS
H E Hughes	1928 Broadway

important. See instructions on back of certificate.

Property classified. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91178 124 C91178

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Protestant Infirmary 16 (WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Annie H. Wheeler

(Residence in Baltimore: No. 1012 Mosher St.) (If not in Baltimore, give usual residence.) (If non-resident, write "Non-Resident.")

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~WHETHER~~ MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June 10th, 1860 (Month) (Day) (Year)

7-AGE, 55 yrs. 8 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Robert W. Wheeler

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Lydia A. Standiford

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wheeler

(Address) 1012 Mosher St.

15- Filed JAN 12 1916, 191.... HARRY O. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1916, to Jan 11 1916, that I saw her alive on Jan 11 1916, and that death occurred, on the date stated above, at 12:45 PM

The CAUSE OF DEATH* was as follows:

Ulceration of the bladder

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 2 ds.

(Signed) Leo. C. Beam M. D.

Jan. 1, 1916 (Address) U. P. I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State life yrs mos. ds.

Where was disease contracted, if not at place of death? 1012 Mosher St.

Former or usual residence 1012 Mosher St.

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. DATE OF BURIAL, Jany. 13, 1916.

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 1201 W. Fayette

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 (91179)

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2317 E Fenton St ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Scheu

(Residence in Baltimore: No. 2312 E. Fenton St. St.; 2 Yrs. mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, Oct 1, 1850 (Month) (Day) (Year)

7-AGE, 65 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country) Berlin City

PARENTS.

10-NAME OF FATHER, William Scheu

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Bertha Hamm

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Scheu

(Address) 2317 E Fenton St

15-JAN 12 1916 Filed....., 191.. MARK C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916, to June 11 1916, that I saw h[illegible] alive on June 10 1916 and that death occurred, on the date stated above, at 7.50 p. m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) yrs. mos. 2 ds.

(Signed) H. J. Gehrig M. D.

June 12, 191.. (Address) Cor H. Newkirk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Germania Cemetery — DATE OF BURIAL, June 14, 1916

20-UNDERTAKER Jno. A. Eemann & Bro — ADDRESS

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C91180

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91180

CERTIFICATE OF DEATH.

REGISTERED No. C 172

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St. Josephs Hosp ST. 9 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dollard

(Residence in Baltimore: No. 1612 Lamont ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH. Unknown 18[illegible]
(Month) (Day) (Year)

7-AGE. 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. John Dollard

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Elizabeth Magee

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margareth Dollard

(Address) 1612 Lamont

15- JAN 12 1916 HARRY O. ANDREWS
Filed ....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 10th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental fall down stairway Lacerated Left arm and shin

(Duration) yrs. mos. ds.

(Signed) Elijah J Russell M. D.
(Coroner)

Jan 11th, 1916 (Address) 1516 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1612 Lamont Ave

Former or usual residence. 1014 Lamont Ave

19-PLACE OF BURIAL, OR REMOVAL. St Vincent Cemetery

DATE OF BURIAL. Jan 14 1916

29-UNDERTAKER George F. Routh

ADDRESS 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 186 C91181

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 921 Fell St.: V WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bartholomay Wozniak

(Residence in Baltimore: No. 921 Fell

St.: yrs. 35 ~~mos.~~ ~~da.~~

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Not Known, ... 1 .....
(Month) (Day) (Year)

7-AGE. about 40 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Robert Brothers Co.

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antonie Wozniak

(Address) 921 Fell St

15- JAN 12 1916 Filed ....., 191.. HARRY O. ADAMS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Strangulation
Piece of meat lodged in throat
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) David W. Jones M. D.
(Coroner)

Jan. 11, 1916 (Address) 311 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary. DATE OF BURIAL. Jan. 12, 1916

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91182

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91182

CERTIFICATE OF DEATH.

142

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2622 Hudson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Krofila Roszyk.

(Residence in Baltimore: No. 2622 Hudson St. St.; 12 yrs., 2 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	single

6-DATE OF BIRTH, October 18, 1903
(Month) (Day) (Year)

7-AGE, 12 yrs. 2 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michael Roszyk

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Wojtaszak

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Roszyk

(Address) 2611 Hudson St.

15- FILED JAN 12 1916, 191.... HARRY G. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 11 1916, that I saw h[illegible] alive on Jan 12 1916, and that death occurred, on the date stated above, at 7 5 m.

The CAUSE OF DEATH* was as follows:

Gangrene Concerum Case, Odor
Horrible, No Symptoms, No Trouble
No Enlarged Cervical glands, No Diphtheria

(Duration) .... yrs. .... mos. 4 ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D W Cathell M. D.

Jany ..., 1916. (Address) 1436 E. Baltimore st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St. Stanislaus	Jan 15", 1916
20-UNDERTAKER M F. Sadowski	ADDRESS 705 S. Ann

THIS DISEASE IS OF TENEMENT ORIGIN

DWC

important. See instructions on back of certificate.

Laura V. Stolte.

Spec.—8-24-14—M. & T.—2000 Blks.

C91183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C91183

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Schroeder ST.) 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura V. Stolte

(Residence in Baltimore: No. 623 N. Schroeder St. Life time (Yrs. Mos. Ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dec (Month) 12 (Day), 1888 (Year)

7-AGE, 27 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto.

PARENTS.

10-NAME OF FATHER, John Watt Horn

11-BIRTHPLACE OF FATHER (State or Country) Edinburg Scotland

12-MAIDEN NAME OF MOTHER Martha Ellen Quinlan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William A. Horn

(Address) 234 N. Carey St.

15 JAN 12 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 11 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 1915, to Jan 11 1916, that I saw her alive on Jan 11 1916, and that death occurred, on the date stated above, at 7-30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Over 3rd. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry C. O'Hee M. D.

Jan. 11., 1916 (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, 13 Jan, 1916

20-UNDERTAKER H. C. Brauning — ADDRESS 517 N. Schroeder St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91184 151 C91184

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Wilcox ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Kearney

(Residence in Baltimore: No. 1307 Wilcox St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 7, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. ... mos. 5 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John L Kearney

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Alice M McComas

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L Kearney

(Address) 1307 Wilcox St

15- JAN 12 1916 ROBERT . KRAUTER, Filed ..., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1916, to Jan 17 1916, that I saw h[illegible] alive on Jan 10 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia bilat 6 days

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Dr Bernardoni M. D.

1-17-, 191 6 (Address) 914 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cathedral	Jan. 13., 1916.
20-UNDERTAKER	ADDRESS
A. C. Rudefill	914 Gramt Av

Important. See instructions on back of certificate. Any classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

Effie May Murphy

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91185 C91185

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 E. Fort Ave. St.; 24 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Effie May Murphy.

(Residence in Baltimore: No. 30 E. Fort Ave. St.; (35 yrs., 11 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Feb. 23, 1880. (Month) (Day) (Year)

7-AGE: 35 yrs. 11 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: John W. Hayward

11-BIRTHPLACE OF FATHER (State or Country): Dorchester county Md.

12-MAIDEN NAME OF MOTHER: Mary F. Johnson

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mills W. Murphy

(Address) 30 E. Fort Ave.

15- JAN 12 1916 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1916, to Jan 10 1916, that I saw h.. alive on Jan 10 1916, and that death occurred, on the date stated above, at 7.58 m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortic Regurgitation

(Duration) Indefinite yrs. mos. ds.

(Signed) Philip B. Taylor M. D.

Jan 11, 1916 (Address) 1432 William St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: Jan 13, 1916

20-UNDERTAKER: J. F. McAnally — ADDRESS: 39 E. Fort.

Important. See instructions on back of certificate. Before any of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91185 C91186

CERTIFICATE OF DEATH.

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 E Eutaw Pl ST.; 4 WARD)

2-FULL NAME Walter F Grant

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. St Paul St. St.; ..... yrs., 11 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 5, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 11 mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm Grant

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Fatemore

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister in Mother in Michael

(Address) 4 E Eutaw St Home

15- Filed JAN 12 1916 ROBERT JOHNS KRAUTER, Registrar.
Assistant Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1915, to Jan 7 1916, that I saw h[illegible] alive on Jan 7 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Hereditary
~~Cerebral~~ Luetic Syphilis

(Duration) ..... yrs. 11 mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E P Friedmann M. D.

Jan 11, 1916. (Address) 616 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. 8 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL. DATE OF BURIAL. JAN 12 1916

20-UNDERTAKER ..... ADDRESS .....

For Wm E Woodall. Commissioner Health.

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91187

CERTIFICATE OF DEATH.

29 C91187

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Johnson

(Residence in Baltimore: No. 1706 E. Madison St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... Nov. 13 (Month) ..... (Day) 1853 (Year)

7-AGE, 63 yrs. 1 mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Preacher 75

(b) General nature of industry, business, or establishment in which employed (or employer): Methodist Ev. Church

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Brown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence E. Hankins

(Address) 1706 E. Madison

15- Filed JAN 12 1916, 191.... NOBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1915, to Jan 11 1916, that I saw h[illegible] alive on Jan 10 1916, and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Asthma Dropsy

Heart

(Duration) ..... yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Heart D

(Duration) ..... yrs. 1 mos. 13 ds.

(Signed) Dr. G. W. Bernard M. D.

Jan 11 1916 (Address) Jackson Sq

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Lane

DATE OF BURIAL, Jan 15, 1916

20-UNDERTAKER Edward P. Jones

ADDRESS 1604 Eutaw

Important. See instructions on back of certificate. Be properly classified. Exact statement of OCCUPATION is very

C91188

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C91188

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 635 Raborg St. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Matilda Distance

(Residence in Baltimore: No. 635 Raborg St.: yrs. 46 mos. 1 ds. 5)

Life

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Color

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec. 5, 1869 (Month) (Day) (Year)

7-AGE: 46 yrs. 1 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress 844
(b) General nature of industry, business, or establishment in which employed (or employer): Washing At Home

9-BIRTHPLACE (State or country): Md Balto

PARENTS

10-NAME OF FATHER: Joseph Distance

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Brown

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A. Distance

(Address) 635 Raborg St.

15 JAN 12 1916 Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 10, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1916, to Jan. 10 1916, that I saw h[illegible] alive on Jan. 10, 1916, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(Duration) 11 yrs. mos. ds

Contributory (SECONDARY) Paralysis of bowel

(Duration) yrs. 1 mos. ds.

(Signed) Henry H. Weintraub M. D.

Jan. 12, 1916 (Address) 729 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Jan 14, 1916

20-UNDERTAKER: Charles B. Jones ADDRESS 1118 N. Saratoga

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91189 C91189

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 N. Franklin ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Nelson

(Residence in Baltimore: No. 734 N. Franklin St. St.; 35 yrs., mos. ds.)

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored.	Married

6-DATE OF BIRTH, Feb. 23rd, 1878
(Month) (Day) (Year)

7-AGE, about 58 yrs. mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale Dry Goods Store

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maurice D. Nelson

(Address) 734 N. Franklin St.

15-JAN 12 1916 ROBERT J. KRAUTER, Burial Permit Clerk

Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 10th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 8th 1916, to Jan 10th 1916, that I saw h im alive on 11 9 A.M. 1916, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

1 Week

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Silas Baldwin M. D.

Jan. 10th, 1916 (Address) Two W. Lex. Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Jan 13th 1916

20-UNDERTAKER Charles B. Jones ADDRESS 1117 W. Lex St.

C91190

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91190

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 643 Raborg ST. 4 WARD)

2 FULL NAME Elizabeth Thomas

(Residence in Baltimore: No. 643 Raborg

REGISTERED No. C 120

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., 40 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Thomas

(Address) 643 Raborg St

15- JAN 12 1916 Filed, 191.

ROBERT . BRAUNER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis Org. Heart disease

(Duration) yrs. mos. ds.

(Signed) J. J. Oetter M. D.

Jan 11, 191 (Coroner) (Address) 242 W 40th Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Jan 14 19

20-UNDERTAKER Charles B. Jones ADDRESS 1111 W Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

C91191

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91191

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leufist Roy Cooley

(Residence in Baltimore: No. 1623 N Spring St.; 17 yrs., — mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, January (Month) 10 (Day), 1899 (Year)

7-AGE, 17 yrs. — mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt City Md

PARENTS.

10-NAME OF FATHER, George B Cooley

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Martha A Reinhold

13-BIRTHPLACE OF MOTHER (State or Country), St Marys County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha A. Cooley

(Address) 1623 N. Spring St

15- JAN 13 1916 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1916, to Jan 12 1916, that I saw him alive on Jan 12 1916, and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) C. N. Nephritis

(Duration) ...yrs. 9 mos. ...ds.

(Signed) Ernest W. G. Beam, M. D.

Jan. 12, 1916 (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 1 ds. In the State 17 yrs. ...mos. 2 ds.

Where was disease contracted, if not at place of death? 1623 Spring St

Former or usual residence 1623 Spring St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Olivet Cemetery	Jan 14., 1916

20-UNDERTAKER	ADDRESS
Henry Keck & Son	1301 E Eager

important. See instructions on back of certificate.

...ly classified. Exact statement of OCCUPATION is very

C91192

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

C91192

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 657 W. Fayette St. 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Vgenskis

(Residence in Baltimore: No. 657 W. Fayette St. St.; yrs. 4 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: September (Month) 3 (Day), 1915 (Year)

7-AGE: — yrs. 4 mos. 9 ds. If LESS than 1 day, — hrs., or — min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: John Vgenskis

11-BIRTHPLACE OF FATHER (State or country): Lithuania

12-MAIDEN NAME OF MOTHER: Maggie Luza

13-BIRTHPLACE OF MOTHER (State or country): Lithuania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Vgenskis

(Address) 657 W. Fayette St

15- JAN 13 1916 (Date) HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 7, 1916, to January 11, 1916, that I saw h... alive on January 11, 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

La Grippe

Pneumonia.

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY): Asthenia.

(Duration) yrs. mos. 5 ds.

(Signed) Alfred Whitehead MD M. D.

.....191..... [Address] 1213 Madison Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 14 1916

20-UNDERTAKER: John Grebliunas — ADDRESS: 500 S. Peach St

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91193

CERTIFICATE OF DEATH.

109 C91193

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1242 William ST.: 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Lowry

(Residence in Baltimore: No. 1242 William St St.; 75 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, Sept (Month) 14 (Day), 1840 (Year)

7-AGE,	If LESS than 1 day,
75 yrs. 3 mos. 29 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Reinecker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. O Lowry

(Address) 3521 Fosterive

15- JAN 13 1916 HARRY O. ANDREWS,
Filed ....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to Jan 11 1916, that I saw her alive on Jan. 10 1916, and that death occurred, on the date stated above, at 1.51 m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernie

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Generone

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Jan 11, 1916 (Address) 517 Cont St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	Jan 13
20-UNDERTAKER	ADDRESS
[illegible]	[illegible]

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91194 — 50 — C91194

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 3940 Park Heights Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Edward Markey

(Residence in Baltimore: No. 3940 Park Heights av St.; 15 yrs., 4 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 15 (Day), 1900 (Year)

7-AGE, 15 yrs. 4 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto City

PARENTS.

10-NAME OF FATHER, William H. Markey

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Margaret E Klinefelter

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert H. Markey

(Address) 3940 Park Heights Ave

15- Filed JAN 13 1916, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1914, to Jan 10 1916, that I saw him alive on Jan 10 1916, and that death occurred, on the date stated above, at 4.35 P m.

The CAUSE OF DEATH* was as follows: Diabetic Coma,

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) 2 yrs. mos. ds.

(Signed) James S. Ashurst M. D.

Jan 10 1916 (Address) 4010 Park Heights av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, ..., 191..

20-UNDERTAKER E. J. Hodgdon — ADDRESS 1518 Eutaw Place

important. See instructions on back of certificate.

property classified. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91195 C91195

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 Argyle Ave ST.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan Wright

(Residence in Baltimore: No. 1543 Argyle Ave St.; 21 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write the word*) Single

6-DATE OF BIRTH, February 8, 1837. (Month) (Day) (Year)

7-AGE. 78 yrs. 11 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Wright

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Catherine Norfolk

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wright

(Address) E. Preston Hayward Sts

15- Filed JAN 13 1916, 191. HARRY O. ANDREWS, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 1916, to Jan 11 1916, that I saw h em alive on Jan 10 1916 and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Nephritis 2

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(Duration) 4 yrs. mos. ds.

(Signed) Paul Brown M. D.

1/11, 1916 (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Stone Chapel Cemetery

DATE OF BURIAL, 1-13-, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E. North ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91196 151 C91196

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Robinson

(Residence in Baltimore: No. 516 Saint Paul St. ..... St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, December 28, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. .....mos. 1 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Robinson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Jessie Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Murray jr. MD

(Address).....

15- JAN 13 1916 HARRY G. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1915, to Jan 8 1916, that I saw him alive on January 8 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Congenital Debility

(Duration).....yrs.....mos.....ds.

(Signed) John G. Murray jr. M. D.

Jan 8, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 8 ds. In the State .....yrs. .....mos. 8 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	JAN 12 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

Per Wm E. WOODALL.

FOR ANATOMICAL PURPOSES.

1

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very ...ly classified. ...ty be property ...

C91197

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C91197

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2936 Huntingdon Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Minnie Englaub.

(Residence in Baltimore: No. 2436 Huntingdon Ave. St.: 48 yrs. mos. ds.)

Was in U.S. Army since 1898 - Honorable Discharged 1902

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: Jan 28, 1846 (Month) (Day) (Year)

7-AGE: 69 yrs. 11 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Jacob Haug

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John H Englaub

(Address) 808 N Kenwood

JAN 13 1916 Filed 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 11th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1912, to. Jan 11th 1916, that I saw h-ex alive on Jan 10th, 1915, and that death occurred, on the date stated above, at 4.25 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Pneumonia

(Duration) — yrs. — mos. — ds.

(Signed) Rosenzlebrosslue M. D.

....., 191 .. (Address) 2438 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Jan 14, 1916

20-UNDERTAKER: J Herwig & Co — ADDRESS: 2008 Aliceanna

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91198

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C91193

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 407 Perry ST. 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Wheeler

(Residence in Baltimore: No. 407 Perry St

St.; 53 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	M

6-DATE OF BIRTH, June 29, 1862
(Month) (Day) (Year)

7-AGE, 53 yrs. 6 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): in dept Store

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Wheeler

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Wheeler

(Address) 610 Dugan

15-

Filed JAN 13 1916 HARRY G. ... Registrar

Burial Permit ... Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner.)

June 12, 1916 (Address) 347 N. Hilton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
W Laurel	1/13, 19..

20-UNDERTAKER	ADDRESS
Geo L T Hemsley	578 W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

C91199

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C91199

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 406 Mott ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Miller

(Residence in Baltimore: No. 406 Mott St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown, 1891 (Month) (Day) (Year)

7-AGE: 24 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Huckster 665
(b) General nature of industry, business, or establishment in which employed (or employer): Produce Vegetables

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Henry Miller

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Carrie Smith

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Harvey

(Address) 406 Mott St

15. Filed JAN 13 1916, 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 12, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1915, to Jan 12 1916, that I saw h[illegible] alive on January 12, 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) yrs. One mos. 3 ds

Contributory (SECONDARY)

(Duration) yrs. mos. 7 ds.

(Signed) D E Edell M. D.

Jan 12 1916 (Address) for E Hunter

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral DATE OF BURIAL: Jan 14, 1916

20-UNDERTAKER: Clarence Caughill ADDRESS: 136 4th Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILMED

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91200 C91200

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2730 St. Paul St. ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Abbott Bryant

(Residence in Baltimore: No. 2730 St. Paul St.

St Abt 30 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White	Married.

6-DATE OF BIRTH, March (Month) 1 (Day), 1854 (Year)

7-AGE, 61 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Auctioneer
(b) General nature of industry, business, or establishment in which employed (or employer): Bryant & Co.

9-BIRTHPLACE, (State or Country), Washington, D.C.

PARENTS.

10-NAME OF FATHER, Not Known.

11-BIRTHPLACE OF FATHER (State or Country), Not Known.

12-MAIDEN NAME OF MOTHER Not Known.

13-BIRTHPLACE OF MOTHER (State or Country), Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. A. Bryant Jr., (son)

(Address) 2603 Guilford Ave.

15- JAN 13 1916 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to Jan 11th 1916, that I saw h[illegible] alive on Jan 11th 1916, and that death occurred, on the date stated above, at 5:00 m.

The CAUSE OF DEATH* was as follows:

Chronic Lobular Endocarditis
Pneumonia Influenza

(Duration) 48 hours

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) .... yrs. .... mos. 11 ds.

(Signed) [illegible] M. D.

Jan 12 1916 (Address) 2844 St. Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cemetery	Jany. 13, 1916
20-UNDERTAKER	ADDRESS
Stewart & Mowen Com'y.	108 W. North

By Brch.

important. See instructions on back of certificate. ...ly be properly classified. Exact statement of OCCUPATION is very

D. A. K.

Spec.—5-19-13—M. & T.—500 Bks.

C91201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 C91201

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 E Monument ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth M. Johnson

(Residence in Baltimore: No. 1316 E. Monument St.: 69 yrs., 7 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June — 9 —, 1846 (Month) (Day) (Year)

7-AGE, 69 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Maid-wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Kinsey Brown,

11-BIRTHPLACE OF FATHER (State or Country), F. F. Co Md.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), F. F. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Fay

(Address) 1316 E. monument St

15- JAN 13 1916

Filed....., 191.... HARRY O. ANDREWS

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan — 11th, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 9th 1916, to Jan 11th 1916, that I saw h[illegible] alive on Jan 11th 1916, and that death occurred, on the date stated above, at 11.20 Am

The CAUSE OF DEATH* was as follows:

Cerebral Paralysis

(Duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. C. Funk M. D.

Jan 12 1916 (Address) 131 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Arbury Cemty — DATE OF BURIAL, Jan 14, 1916

20-UNDERTAKER John F. Owens — ADDRESS 1222 D[illegible] St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91202 105 C91202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 W Lexington ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Snowden

(Residence in Baltimore: No. 1035 W Lexington St.; 37 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Cacasian

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 37 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon and Store

9-BIRTHPLACE, (State or Country), Annapolis Md.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Snowden

(Address) 1035 W Lexington

15-

Filed JAN 13 1916 191... HARRY O ANDREWS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1916, to Jan 11 1916, that I saw h[illegible] alive on Jan 11 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

Enteritis.

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) yrs. mos. ds.

(Signed) C. T. Norwood M. D.

Jan 12, 191... (Address) 93 Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Jan. 13., 1916.

20-UNDERTAKER John H Owens — ADDRESS 1122 Penn Ave

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C91203 C91203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Hofmeister

(Residence in Baltimore: No. St Joseph Hospital St.; ...yrs., ...mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 5, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 6 ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Hofmeister

11-BIRTHPLACE OF FATHER (State or Country) Owings Mills Md

12-MAIDEN NAME OF MOTHER Mary Mc Hale

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Hofmeister

(Address) Owings Mills Md

15- Filed JAN 13 1916, 191... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1916, to Jan 11 1916, that I saw him alive on Jan 11 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pulmonitis

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ...yrs. ...mos. 5 ds.

(Signed) H. F. Elmer M. D.

Jan 11, 1916. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 5 ds. In the State ...yrs. ...mos. 6 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Owings Mills

19-PLACE OF BURIAL OR REMOVAL, Carrolls Chapel Hollins DATE OF BURIAL. Jan 13, 1916

20-UNDERTAKER H. F. Elmer ADDRESS Reisterstown Md

important. See instructions on back of certificate.

C91204 C91204

HEALTH DEPARTMENT—CITY OF BALTIMORE 79

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1437 N. Parrish alley, ST. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophie Ghent Robinson,

(Residence in Baltimore: No. 1437 N. Parrish alley, St.; yrs., ~ mos. ~ ds.)

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, March (Month) 14th (Day), 1866. (Year)

7-AGE, 49 yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Richard Ghent,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Julia ? ?

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Robinson, common law husband,

(Address) 1437 N. Parrish alley.

15 JAN 13 1916 HARRY C. ANDREWS,

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 11th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Valvular heart disease,
(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
..... (Duration) .....yrs.....mos.....ds.

(Signed) F. Pearce Campbell M. D.
(Coroner.)

Jan. 13, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Int Alum Cus

DATE OF BURIAL, Jan 13, 1916.

20-UNDERTAKER B. L. Parham

ADDRESS 930 Hanover

C31205

HEALTH DEPARTMENT—CITY OF BALTIMORE

8

CERTIFICATE OF DEATH.

C31205

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 509 W. Preston street, St. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Agnes Ball,

(Residence in Baltimore: No. 509 W. Preston street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, November (Month) 29th (Day), 1915. (Year)

7-AGE, 0 yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS

10-NAME OF FATHER, Moses Wilson,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Agnes Ball,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucille Graham, friend,

(Address) 509 W. Preston street.

15-

Filed JAN 13 1916, 191.... HARRY G ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 12th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pertussis,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frederick Bunfet M. D.
(Coroner.)

Jan. 13, 1916. (Address) 3310 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Interment Comet | DATE OF BURIAL, June 13, 1916

20-UNDERTAKER Wm. C Bruff | ADDRESS 1107 N Eutaw

CAUSE OF DEATH in plain terms so that it may be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. AGE should be properly classified. Exact statement of OCCUPATION is very

C91206

HEALTH DEPARTMENT—CITY OF BALTIMORE

8

C91206

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 509 W. Preston street, ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Lucille Coates,

(Residence in Baltimore: No. 509 W. Preston street, St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single,

6-DATE OF BIRTH, May (Month) 12th (Day), 1915. (Year)

7-AGE, 0 yrs. 8 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Walter Hunter,

11-BIRTHPLACE OF FATHER (State or Country), Washington, D. C.

12-MAIDEN NAME OF MOTHER Lucille Coates,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucille Graham, friend.

(Address) 509 W. Preston street.

15- Filed JAN 13 1916, 191.... MARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 12th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pertussis,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) 3 wks. 1 ds.

(Signed) Frederick Rumpel M. D. (Coroner.)

Jan. 13, 191.6 (Address) 3310 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Jan 14 19 16

UNDERTAKER Wm A Bialk ADDRESS 1107 Druid

Spec.—8-24-14—M. & T.—2000 Bks.

C91207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C91207

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 A Chanle ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Bennett (Smith)

(Residence in Baltimore: No. 1717 A Chanle St.; 60 yrs. 0 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	M Forte	Widow

6-DATE OF BIRTH, November 22, 1872.
(Month) (Day) (Year)

7-AGE, 43 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Martinsburg W. Va

PARENTS.

10-NAME OF FATHER, Henry C Smith

11-BIRTHPLACE OF FATHER (State or Country), Martinsburg W. Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Neal Bellerson

(Address) 727 A Chanle

15- JAN 13 1916 HARRY O. ANDREWS,
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 2nd 1916, to January 11 1916, that I saw her alive on January 10th 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Lee Brown M. D.

Jan. 12th, 191.. (Address) 122 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Martinsburg W. Va	Jan 14..., 191..
20-UNDERTAKER	ADDRESS
Hurst & Evans Co	428 A Chanle

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91208

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C91208

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 Holbrook ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Callender

(Residence in Baltimore: No. 1220 Holbrook St.; 0 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	infant

6-DATE OF BIRTH, January (Month) 13 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 0 ds.	5 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Callender, William

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Davey, Margaret

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Prescott S. Tuckey, M.D.

(Address) Johns Hopkins Hosp.

15- Filed JAN 13 1916, 191... MARY O. ANDREWS, City Registrar, Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 13 1916, to January 13 1916, that I saw her alive on January 13 1916, and that death occurred, on the date stated above, at 7 45 A.m.

The CAUSE OF DEATH* was as follows:

Premature birth at 6 mos.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Wm. H. Welch M. D.

Jan. 13, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	JAN 13 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

...ly classified. Exact statement of OCCUPATION is very ... of property ...

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91209 64 C91209

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3153 (St.) Frederick Ave (Ward) 20

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara J. Pfeiffer

(Residence in Baltimore: No.) 3153 (St.) Frederick ave (Yrs.) Lifetime (Mos.) (Ds.)

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 11 (Day), 1844 (Year)

7-AGE, 71 yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, John F Pfeiffer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Ruff

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C Pfeiffer

(Address) 3153 Frederick Ave

15- JAN 13 1916 HARRY G ANDREWS, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 12 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 29-1908 ~~191~~, to Jan 12 1916, that I saw her alive on Jan 12 1916, and that death occurred, on the date stated above, at 9-20 P.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorrhage

(Duration) yrs. 3 hours

(Signed) Henry C. Ehlen M. D.

Jan. 12, 1916. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Jan. 14, 1916.

20-UNDERTAKER K. W. Ehlen

ADDRESS 1949 West North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C91210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 C91210

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital 19 WARD)
REGISTERED NO. C

2-FULL NAME Jennie E. McCubbin

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1346 Ramsay St. St.; 31 yrs., 1 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-WHETHER SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) March (Day) 30, (Year) 1884

7-AGE, 31 yrs. 1 mos. 22 ds. If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or Country): Maryland (City)

PARENTS.

10-NAME OF FATHER: Thomas Jordan

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Celia Mahony

13-BIRTHPLACE OF MOTHER (State or Country): Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr P Z Rush

(Address) University Hospital

15- JAN 13 1916
Filed....., 191.....
HARRY O. ANDREWS, Vital Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) 1 (Day) 12, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from 1-11 1916, to 1-12 1916, that I saw her alive on 1-12 1916, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Post partum hemorrhage

(Duration) 2 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Premature separation of placenta

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) P. L. Brush M. D.

1-12, 191.. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 1 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 1345 Ramsay St.

Former or usual residence 1346 Ramsay St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem

DATE OF BURIAL, Jan 15th, 191.6

UNDERTAKER, John J. Fields

ADDRESS 1200 W Lombard

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

over

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91211

CERTIFICATE OF DEATH.

x115 C91211

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Mercy Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Butler

(Residence in Baltimore: No. 3228 Sharmount Ave. St.; — yrs., — mos., — ds.)

important. See instructions on back of certificate. The information called for is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, ... (Month) Jan. (Day) 6, (Year) 1861.

7-AGE, 55 yrs. 0 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: James Doyle

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Martha Tyson

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Butler Dec

(Address) 3228 Sharmount Ave

15- FILED JAN 13 1916 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 11 1916, that I saw h[illegible] alive on Jan 11 1916 and that death occurred, on the date stated above, at 4:20 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ... yrs. ... mos. 1 ds.

(Signed) A. M. D. Smith M. D.

Jan 11, 191 6. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 10 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 3228 Sharmount Ave

Former or usual residence 3228 Sharmount Ave

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL, Jan. 14..., 1916

20-UNDERTAKER: Lilly & Zeiler — ADDRESS 405 N. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

C91212 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C91212

CERTIFICATE OF DEATH. 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 S Eastle. ST.; V WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Roppell.

(Residence in Baltimore: No. 130 S Eastle. St.; 1 yrs., 6 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 8th, 1914. (Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William G. Roppell

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Friesner

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William G. Roppell.

(Address) 130 S. Eastle St.

15-

Filed JAN 13 1916 HARRY O. ANDREWS, Virgil Powell Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 8th 1916, to January 11 1916, that I saw him alive on January 8, 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration)....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) a.g.E. (18 mos old)

(Duration)....yrs....mos....ds.

(Signed) R. T. Hardy M. D.

Jan 11, 1916 (Address) 1922 Bank St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Alphonsus Cem	Jan 12, 1916.
20-UNDERTAKER Lilly Zeiler	ADDRESS 408 S. Arlington Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C91213

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Oxford ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Milmore

(Residence in Baltimore: No. 518 Oxford St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, unknown ....., 1860
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
56 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook 87
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Family

9-BIRTHPLACE, (State or Country), Ind

PARENTS.

10-NAME OF FATHER, Geo. Wilmore

11-BIRTHPLACE OF FATHER (State or Country), Indiana

12-MAIDEN NAME OF MOTHER Mary Gibson

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Martha Smith

(Address) 518 C. Oxford St

15-

Filed JAN 13 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 11 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-4- 1916, to 1-11 1916, that I saw h Cer alive on " 191, and that death occurred, on the date stated above, at 10.15 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..yrs. ..mos. 7 ds.

CONTRIBUTORY (Secondary) Defective Post, Debility.

(Duration) ..yrs. 3 mos. ..ds.

(Signed) F. M. Condon M. D.

1-17, 1916. (Address) 1524 Hanover ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Jan. 14, 1916.
20-UNDERTAKER	ADDRESS
Chas G Bailey	727 Jefferson St

important. See instructions on back of certificate. ...property classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—3000 Bks.

C91214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C91214

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Ehrning (Ehrning)

(Residence in Baltimore: No. 1810 Commerce Ave. St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Widow

6-DATE OF BIRTH, May 4, 1856
(Month) (Day) (Year)

7-AGE, 59 yrs. 10 mos. 9 da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Ehrning

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Gertrude Thre

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferd Merz Hosp

(Address) Calvert St

15- Filed JAN 13 1916, 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 11 1915, to Jan. 3 1916, that I saw h[illegible] alive on Jan. 3 1916, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 1 yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Ford Stuck M. D.

Jan. 13, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 da. In the State Dont Know yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? 1810 Commerce

Former or usual residence 1810 Commerce Ave.

PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, 1-15, 1916

20-UNDERTAKER E & B Harle ADDRESS 115 E Lexington

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C91215

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

56 C91215

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1828 E. Pratt ST. V WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William T. Stansbury

(Residence in Baltimore: No. 1828 E. Pratt St.: 9/0 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct 19 (Month), 1848 (Year)

7 AGE: 67 yrs. 2 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Ship Builder
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 374

9 BIRTHPLACE (State or country): Md Balto

PARENTS

10 NAME OF FATHER: Wm Stansbury

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Harriet Rego

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Maime Stansbury

(Address) 1828 E. Pratt St

15 JAN 13 1916 191

ROBERT . KRAUTER,
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 1 (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1915, to 11 Jan 1916, that I saw h[illegible] alive on 11 Jan, 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

a Pulmonary Tuberculosis

Chronic Alcoholism

(Duration) 1 yrs. 2 mos. 2 ds

Contributory (SECONDARY) Pulmonary Tuberculosis

Chronic Alc (Duration) yrs. 2 mos. 2 ds.

(Signed) [illegible] M. D.

13 Jan, 1916. (Address) 1721 Canton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudan Park

DATE OF BURIAL: Jan 14, 1916

20 UNDERTAKER: H. Sanders & Sons

ADDRESS: 120 Flat St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Eva Brooks.

C91216

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91216

CERTIFICATE OF DEATH.

10

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospitue ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Brooks

(Residence in Baltimore: No. 105 S. Bound St.; 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Sing'l

6-DATE OF BIRTH: ..... (Month) ....., 1901 (Year)

7-AGE: 15 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Hyman Brook

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Rose Krastick

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Baltimore St

15-

Filed JAN 13 1916 By ROBERT . KRAUTER, Registrar.

Burial Permit Issued by Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 12 1916, to January 13 1916, that I saw h[illegible] alive on January 13 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

La Grippe (4 days)

Acute Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Wm. Rankin M. D.

January 13 1916. (Address) Hebrew Hospitue

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 9 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 105 S. Bond St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, 1/13, 1916

20-UNDERTAKER Jack Lewis — ADDRESS 1419 E Balto

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91217 28 C91217

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1323 N. Patterson Park Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Francis Knighton

(Residence in Baltimore: No. 1323 N Patterson Park Ave St.; 46 yrs., 4 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) Aug. (Day) 24, (Year) 1869

7-AGE, 46 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter Steamboat
(b) General nature of industry, business, or establishment in which employed (or employer): Retail

9-BIRTHPLACE, (State or Country), City Balto.

PARENTS.

10-NAME OF FATHER, Harry F Knighton

11-BIRTHPLACE OF FATHER (State or Country), Eutaw

12-MAIDEN NAME OF MOTHER Hannah Price

13-BIRTHPLACE OF MOTHER (State or Country), Eutaw

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Knighton

(Address) 1323 N Patterson Park Ave

15- JAN 13 1916 ROBERT F. KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 7 1916, to January 11 1916, that I saw him alive on January 11 1916, and that death occurred, on the date stated above, at 11.20 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) ....yrs. 17 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Frank Chenoweth M. D.

January 13, 1916. (Address) 1323 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191..
Druid Hill Ave	Jan 15
20-UNDERTAKER	ADDRESS
W. F. Tickner & Son	Norther

107 Hagner 1806 Edmondson

important. See instructions on back of certificate.

...te properly classified. Exact statement of OCCUPATION is very ... should state

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91218 C91218

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Brown

(Residence in Baltimore: No. 3627 Hickory Ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Aug 25, 1845
(Month) (Day) (Year)

7-AGE, 70 yrs. 4 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Millwright
(b) General nature of industry, business, or establishment in which employed (or employer): Brick Layer?

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER Edward Brown

11-BIRTHPLACE OF FATHER (State or Country) Ireland.

12-MAIDEN NAME OF MOTHER Mary Haelland

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- JAN 13 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 11, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1915, to Jan 11 1916, that I saw h[illegible] alive on Jan 11 1916, and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

1 Myocarditis & Senility

2 Ferlous collapse

(Duration) Days

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward P. Dennett M. D.

Jan 11, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 2 ds. In the State 46 yrs. mos. ds.

Where was disease contracted, if not at place of death? 3627 Hickory Ave

Former or usual residence 3627 Hickory Ave

19-PLACE OF BURIAL, OR REMOVAL, St Charles Cem Co — DATE OF BURIAL, Jan 14 1916

20-UNDERTAKER Thenouth & Son — ADDRESS 1 Chestnut Ave

Important. See instructions on back of certificate. Be sure to state properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 C91219

CERTIFICATE OF DEATH.

92 C91219

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Bytomer

(Residence in Baltimore: No. 19E. Saratoga St. St.; 62 yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June (Month) 6 (Day), 1854 (Year)

7-AGE, 62 yrs. 0 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Digging

9-BIRTHPLACE, (State or Country). Balto Maryland

PARENTS.

10-NAME OF FATHER. Peter Byrne

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary McKeon

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sent Mercy Hosp

(Address) Calvert St.

15- JAN 13 1916 Filed....., 191.. ROBERT . KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1916, to Jan 13 1916, that I saw h[illegible] alive on Jan 13 1916 and that death occurred, on the date stated above, at 1.51 p. m.

The CAUSE OF DEATH* was as follows:

[illegible]

..... (Duration) .....yrs. .....mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Edward T. Smith M. D.

Jan 13, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 7 ds. In the State .....yrs. 62 mos. ..... ds.

Where was disease contracted, if not at place of death? 19E Saratoga St.

Former or usual residence 19E Saratoga St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore County DATE OF BURIAL, Jan 15, 191..

20-UNDERTAKER Chas. Sons ADDRESS 118 W. Mt. Royal

Important. See instructions on back of certificate. Unless properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

C91220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C91220

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 582 W. Preston ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nannie Randall

(Residence in Baltimore: No. 582 W. Preston St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colo

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 17, 1902
(Month) (Day) (Year)

7-AGE, 13 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) School Girl

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Randall

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Annie Randall

(Address) 582 W. Preston St

15- JAN 13 1916 ROBERT . KRAUTER,
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1916, to Jan. 11, 1916, that I saw her alive on Jan. 11, 1916, and that death occurred, on the date stated above, at 4 1/2 p. m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. 7 mos. ds.

(Signed) J. C. Bruce M. D.

Jan. 12, 1916 (Address) 611 N. Carlton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Jan. 14 191...

20-UNDERTAKER W. Edward W. Pape ADDRESS 4 Winter St

important. See instructions on back of certificate.

...ly classified. Exact statement of OCCUPATION is very ...ay be proper...

Spec.—8-24-14—M. & T.—2000 Bks.

C91221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 92 C91221

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley Wakeloskey

(Residence in Baltimore: No. 807 Curtis Ave Curtis Bay St.; ..... yrs., 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December 7, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, Mark Wakeloskey

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Drina Paskoska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed JAN 13 1916 ROBERT J. KRAUTER, Burial Permit Clerk
By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 12 1915, to January 12 1916, that I saw h alive on January 12 1916, and that death occurred, on the date stated above, at 5 30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Abdominal)

Pneumonia, Acute Lobar

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Empyema (Tuberculous)

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Gilbert L. Rosenthal M. D.

Jan. 13, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 807 Curtis Ave Curtis Bay

19-PLACE OF BURIAL OR REMOVAL, Holy Cross | DATE OF BURIAL, Jan 14, 1916

20-UNDERTAKER William Fiaschetti | ADDRESS 618 Eastern Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91222

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91222

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Druid ST.; 21 WARD)

REGISTERED No. C 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth A. Colson

(Residence in Baltimore: No. 1317 Druid St.; 7 yrs., 5 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug 12 1908
(Month) (Day) (Year)

7-AGE, 7 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John A Colson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Libbie Jamison

13-BIRTHPLACE OF MOTHER (State or Country), W Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Knuth

(Address) 917 E Columbia Ave

15- JAN 14 1916 HARRY O. ANDREWS.

Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 191 5, to Jan 13 191 6, that I saw h[illegible] alive on Jan 13 191 6, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(Duration) ....yrs. ....mos. 22 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Benj L Phillips M. D.

Jan 13, 191.6 (Address) 1529 W Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Jan 14 191.6
20-UNDERTAKER	ADDRESS
Knell & Son	1529 W Pratt st

11 A. M.

Important. See instructions on back of certificate. Be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C91223

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91223

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Pabisky.

(Residence in Baltimore: No. 1101 E. Pratt St. St.; 3 yrs., mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, September 7, 1912
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 3 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. City

PARENTS.

10-NAME OF FATHER, Sam. Pabisky.

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Rosie Cohen.

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) John Hopkins Hospital.

15- JAN 14 1916 191.... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 13, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1915 to Jan. 13 1916, that I saw h[illegible] alive on Jan 13 1915, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Pleo-colitis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W. Rosenthal M. D.

Jan 13, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State — yrs. 3 mos. 13 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1101 E. Pratt St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	1916, 191..

20-UNDERTAKER	ADDRESS
Jack Levi's	[illegible] Balto St

X

Important. See instructions on back of certificate. ... may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C91224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C91224

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 N. Eden ST.; 5 WARD) REGISTERED NO. C

2-FULL NAME Margaret Bull

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1520 N. Eden St.; 66 yrs. 3 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, September 27, 1849 (Month) (Day) (Year)

7-AGE, 66 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Caspar Hartman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna M. Dierken

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. John H. Hartman

(Address) 1520 N. Eden St.

15-

Filed JAN 14 1916, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 8 1916, to January 12 1916, that I saw h[illegible] alive on January 11 1916, and that death occurred, on the date stated above, at 6.45 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 5 ds.

(Signed) C. E. Welch M. D.

January 13 1916. (Address) 607 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Jan. 15, 1916

20-UNDERTAKER Henry Hauck Son — ADDRESS 301 E. Eager St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C91225

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 N. Dallas St. ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Hunter

(Residence in Baltimore: No. 1714 N. Dallas St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... (Month) — (Day) 19 14 (Year)

7-AGE, 2 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Teagdon

(Address) 903 mc Mechanic St

15- Filed JAN 14 1916, 191... HARRY O. ANDREWS, Asst. Health Comm'r & Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1916, to Jan 13 1916, that I saw h[illegible] alive on Jan 11 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. T. Teagley M. D.

Jan 14, 1916 (Address) 1239 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Jan 14, 1916
20-UNDERTAKER Robert A Elliott	ADDRESS 606 East-St

important. See instructions on back of certificate.

cery classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

C91226

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91226

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Ensor ST.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Winston

(Residence in Baltimore: No. 1007 Ensor St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) Nothing (Day) ....., 1 (Year)

7-AGE, 52 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (Maryland)

PARENTS.

10-NAME OF FATHER, Alexander Sisco

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emeline Sisco

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Charles A. Mc. Lee Son

(Address) 1007 Ensor St

15-

Filed JAN 14 1916 HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan. (Day) 11th, (Year) 1916.

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1915 to Jan. 11th 1916, that I saw her alive on Jan 9th 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

..... Chronic Nephritis .....

..... (Duration) ... yrs. 8 mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

..... (Duration) ... yrs. 1 mos. ... ds.

(Signed) Albert L. Levy M. D.

Jan 17th, 1916 (Address) 1207 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Jan. 14.., 1916.

20-UNDERTAKER Robert A Elliott

ADDRESS 506 East St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very properly classified. Any deviation from this form may be

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91227 151 C91227

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 N Shuter St.; 7 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Sveema

(Residence in Baltimore: No. 905 N. Shuter St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan 13, 1916
(Month) (Day) (Year)

7-AGE, ..yrs..mos. 6 ds.

If LESS than 1 day, 3 hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Sveema

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Marie Zemanna

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Sveema

(Address) 705 N Shuter st

15- JAN 14 1916 HARRY O. ANDREWS,
Filed....., 191.. Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191.., to ....191..., that I saw h.. alive on ....191..., and that death occurred, on the date stated above, at ..m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) W. J. Ryan M. D.

Jan 13, 191.. (Address) 2008 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 14, 191.6.

20-UNDERTAKER Frank Crack Son — ADDRESS 1904 E Baltimore

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very ... be properly classified. ... that it may ...

Spec.—8-24-14—M. & T.—2000 Blks.

C91228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C91228

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 N. Shuter ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Karl Soreiva

(Residence in Baltimore: No. 905 N. Shuter St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan 13, 1916
(Month) (Day) (Year)

7-AGE, ...yrs...mos...ds.

If LESS than 1 day, 1 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Soreiva

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Marie Zuerner

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Soreiva

(Address) 905 N. Shuter St

15-

Filed JAN 14 1916 191... BARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ...191..., to ...191...,
that I saw h... alive on ...191...,
and that death occurred, on the date stated above, at ...m.
The CAUSE OF DEATH* was as follows: Premature Birth

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) W. D. Ryan M. D.

Jan 13, 191... (Address) 2001 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Jan 17, 191...
20-UNDERTAKER Frank Cracken Son	ADDRESS 1904 Eastern Ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C91229

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N Calvert ST.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Watts

(Residence in Baltimore: No. 207 N. Calvert St St.; 40 yrs., ✓ mos., ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 74 yrs. ✓ mos. ✓ ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Anne Arundel Co. Md.

PARENTS.

10-NAME OF FATHER, James Freeland.

11-BIRTHPLACE OF FATHER (State or Country). Anne Arundel Co Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Anne Arundel Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Henry Brown

(Address)..... 207 N Calvert St

15-
JAN 14 1916
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... January 11 ..... 191 6., to January 12 191 6
that I saw her alive on January 12 191 6.,
and that death occurred, on the date stated above, at 7 p. m.
The CAUSE OF DEATH* was as follows:

.....

.....

Rheumatism Chronic

..... (Duration) 7 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Endocarditis

..... (Duration) ✓ yrs. 6 mos. ✓ ds.

(Signed) Geo C Shannon ..... M. D.

Jan 13, 191 6 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Balto. DATE OF BURIAL, Jan 15 1916

20-UNDERTAKER Wilbert Brown ADDRESS 3064 Mount St.

Use property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109 C91230

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Seltzer

Residence in Baltimore: No. 30 N. Kenwood Ave St.; (..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 1st (Day) 1849 (Year)

7-AGE, 66 yrs. 9 mos. 12 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Butcher 65
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Retired

9-BIRTHPLACE, (State or Country), (Balto City) Maryland

PARENTS.

10-NAME OF FATHER, Adam Seltzer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Kumin

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Seltzer

(Address) 30 N. Kenwood ave

15- JAN 14 1916 Filed ....., 191.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 12 1916, that I saw him alive on Jan 12 1916, and that death occurred, on the date stated above, at 8.15 p.m.

The CAUSE OF DEATH* was as follows:

Intracranial Obstruction

(Duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Edward P. Smith M. D.

1/14, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 66 yrs. 2 mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 30 N. Kenwood ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem.	Jan 14 1916
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

Important. See instructions on back of certificate. ... be properly classified. Exact statement of OCCUPATION is very ... e.

Spec.—8-24-14—M. & T.—2000 Blks.

C91231

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91231

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 E. Lombard St.; V WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Terry

(Residence in Baltimore: No. 1921 E. Lombard St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug (Month) 5 (Day) 1887 (Year)

7-AGE, 28 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Telephone
(b) General nature of industry, business, or establishment in which employed (or employer). House Wife

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Koerig

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. J. Terry

(Address) 1921 E. Lombard

15-

Filed JAN 14 1916, 19.. HARRY O. ANDREWS, Registrar. Assistant Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1916, to Jan 11 1916, that I saw h[illegible] alive on Jan 11 1916, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 4 yrs. mos. 7 ds.

(Signed) Geo. Keller M. D.

1-11, 191.. (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, Jan 14, 1916

20-UNDERTAKER Fielder & Zirkler ADDRESS 1739 E. Eager

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C91232

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3121 O'Donnell ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Charles Conley

(Residence in Baltimore: No. 3121 O'Donnell St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Nov. (Month) 30 (Day) 1835 (Year)

7-AGE, 80 yrs. 1 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler-Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Levena Turner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura V. McAbee

(Address) 3121 O'Donnell St.

15-

Filed JAN 14 1916, 191... HARRY O. ANDREWS, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Jan 13 1916, that I saw h— alive on Jan. 11 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Unknown

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 1 ds.

(Signed) W. F. McAvoy M. D.

Jan 13 1916 (Address) 639 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths FROM VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, Jan 15, 1916

20-UNDERTAKER Zirkler & Zirkler ADDRESS 1739 E. Eager

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91233 C91233

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2865 W Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E Pease

(Residence in Baltimore: No. 2865 W Lanvale St.; 40 yrs. 6 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 8 (Day), 1875 (Year)

7-AGE, 40 yrs. 6 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 706
(b) General nature of industry, business, or establishment in which employed (or employer) Garbage Cart Driver

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm H Pease

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Maria Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida B Pease

(Address) 2865 W Lanvale St

15-

FILED JAN 14 1916 HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 1914, to Jan 13 1916, that I saw h[illegible] alive on Jan 12th 1916, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary T B

(Duration) [illegible] yrs. [illegible] mos. 2 ds.

(Signed) Wm. D. Parker M. D.

1-18, 1916, (Address) 2116 W Mosher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Not Called — DATE OF BURIAL, 1-17, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 E North

important. See instructions on back of certificate.

be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91234

CERTIFICATE OF DEATH.

91 C91231

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N Bond ST.; 6 WARD)

REGISTERED NO. C

2-FULL NAME Henry E Filsch

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 5 N Bond St.; 2 yrs., 2 mos. 3 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 10, 1914.
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 3 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Henry Filsch

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary E Schmick

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Filsch

(Address) 5 N. Bond Street

15- JAN 14 1916 Filed....., 191...

HARRY O. ANDREWS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1916, to Jan 13 1916, that I saw him alive on Jan 13 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

I. Bronchopneumonia & Pneumonia

Indirect Phthisis

(Duration) yrs. mos. 8 da.

CONTRIBUTORY (Secondary) Bronchitis & Hemorrhage

(Duration) yrs. mos. 8 da.

(Signed) H. W. Kemmerer M. D.

Jan 13, 191... (Address) 708 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, 1 15, 191 6

20-UNDERTAKER William Cook

ADDRESS 502 E North

important. See instructions on back of certificate.

It may be properly classified. Exact statement of OCCUPATION is very

SAFETY
U.S.A.

Spec.—5-19-13—M. & T.—500 Blks.

091235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 091235

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 109 Wilcome alley ST.: 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Johnson

(Residence in Baltimore: No. 109 W Wilcome alley St.: 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE. Years 45 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Portsmouth Va

PARENTS.

10-NAME OF FATHER, John Ward

11-BIRTHPLACE OF FATHER (State or Country). Howard Co Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Ward

(Address) 109 W Welcome alley

15-

Filed JAN 14 1916 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1915, to Jan 11 1916, that I saw her alive on Jan 11 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cardio vascular Disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. M. Carr M. D.

Jan 13, 1916. (Address) 705 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Ft Auburn Cemetery DATE OF BURIAL, Jan 15, 1916.

20-UNDERTAKER Jos W Hooper ADDRESS 609 Little Pratt

important. See instructions on back of certificate.

properly classified. Exact statement of OCCUPATION is very

KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

C91230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C91236

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital W ST.; ..... WARD) REGISTERED No. C

2-FULL NAME Peter A Denver

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 238 S Wolfe St.; or Length of time in Baltimore ..... yrs. ..... mos. ..... ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 28 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer St
(b) General nature of industry, business, or establishment in which employed (or employer): Street Cleaning

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Thomas R. Denver

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Litzinger

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Alice Denver

(Address) 238 S Wolfe St.

15-

Filed JAN 14 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 8 1916, to Jan 12 1916, that I saw him alive on Jan 12 1916, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Arthemia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Emmett Gault Reagan M. D.

Jan 12, 1916 (Address) St Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 28 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 238 S Wolfe

Former or usual residence 238 S Wolfe

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem. DATE OF BURIAL, Jan 16 191 6

20-UNDERTAKER Tully & Zeile ADDRESS 403 N Wolfe St.

Important. See instructions on back of certificate. Unless the cause of death is properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C91237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 79 C91237

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 N. Chapel St St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Blackney ~~Blackney~~ Blackeney

(Residence in Baltimore: No. 1510 N. Chapel St St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH Jan 15 (Month) (Day), 1872 (Year)

7-AGE 43 yrs. 11 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frank J. Stemer

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas L. Blackaney

(Address) 1510 N. Chapel St

15- JAN 14 1916, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 28 1915, to Jan 12 1916, that I saw h~~e~~r alive on Jan 10 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Calculus Heart Disease

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jacob Frahm M. D.

Jan 13, 1916. (Address) 1926 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer

DATE OF BURIAL. Jan 15, 1916.

20-UNDERTAKER Robt F Turner

ADDRESS 1742 E Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91238 — 109 C91238

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Hartford Ave St.; 8 WARD) REGISTERED No. C

2-FULL NAME Ellen O'Neill

(Residence in Baltimore: No. 2401 Hartford Ave St.; 60 yrs., 0 mos. 0 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, February 13, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 11 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael O'Neill

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Duffy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary O'Neill

(Address) 2401 Hartford Ave

15- JAN 14 1916 HARRY O. ...

Filed....., 191.. REGISTRAR OF VITAL STATISTICS.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1, 191.., to June 12, 191..,
that I saw h.. alive on " " 191..,
and that death occurred, on the date stated above, at 3 P. m.
The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(Duration) ..., yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo. A. Hartman M. D.

June 13, 1916 (Address) 1121 E Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, June 15, 1916

20-UNDERTAKER Robert J Turner — ADDRESS 1492 Broadway

important. See instructions on back of certificate.

C91239

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C91239

1 PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 8 ..... St.: 10 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Saml H. Hargrove

(Residence in Baltimore: No. Little Sisters of the Poor St.; 6 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word) Widowed

6-DATE OF BIRTH Jan 20 (Month) ..... (Day) 1841 (Year)

7-AGE 74 yrs. 11 mos. 22 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER John Wiaks

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Margaret Halfpenny

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

JAN 14 1916 Filed ....., 191 HARRY O. ANDREWS, Vital Record Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January (Month) 12 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record, 191 , to ..... 191 , that I saw h[im] alive on Jany 10 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

3 weeks (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Barnes M. D.

Jany 12 1916 [Address] 1133 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 2 yrs. 6 mos. ..... ds. In the City ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL Holy Cross S. DATE OF BURIAL Jany 15 1916

20-UNDERTAKER Robt E. Turner ADDRESS 1742 W. Pratt

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91240

CERTIFICATE OF DEATH.

10 C91240

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 E Biddle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Schulze

(Residence in Baltimore: No. 2321 E Biddle St.; 4 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 22 (Month) (Day), 1911 (Year)

7-AGE, 4 yrs. 1 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Herman Schulze

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Thieman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Schulze

(Address) 2321 E Biddle St

15-JAN 14 1916 HARRY O. ANDREWS, Filed ....., 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 13 1916, that I saw him alive on Jan 13 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 2 ds.

(Signed) H. E. Flexner M. D.

Jan 13, 1916 (Address) 201 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Jan 15, 1916

20-UNDERTAKER Robt J Turner

ADDRESS 1822 W Baltimore

IMPORTANT: Physicians should state name, residence, and date of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

69141

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

79

REGISTERED NO. C 9144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2317 Eastern Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marguerite May

(Residence in Baltimore: No. 2317 Eastern Ave St.; 60 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec 12, 1847.
(Month) (Day) (Year)

7-AGE, 68 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Smith

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Kat Kuntz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Selg

(Address) 2317 Eastern Ave

JAN 14 1916

Filed....., 191.. HARRY O. ARLEARS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 - 1916, to Jan 13 1916, that I saw h Er alive on Jan 13 1916, and that death occurred, on the date stated above, at 12 35 M.

The CAUSE OF DEATH* was as follows:

1st Pulmonary Edema

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. myocarditis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) J E Gealy M. D.

Jan 14, 1916. (Address) 111 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	Jan 16, 1916.
20-UNDERTAKER	ADDRESS
Robert J. Turner	144 Broadway

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very properly classified. PHYSICIANS should state in plain terms, so that it may be

Spec.—8-24-14—M. & T.—2000 Bks.

C91242

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91242

CERTIFICATE OF DEATH.

45

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russell Thomas.

(Residence in Baltimore: No. 1356 N. Stricker St. St.: 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, ... March (Month) 21 (Day), 1885 (Year)

7-AGE,	If LESS than 1 day,
30 yrs. 9 mos. 23 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter 640
(b) General nature of industry, business, or establishment in which employed (or employer): Store

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Thos H. Thomas.

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER annie Molten

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hospital

15. JAN 14 1916 HARRY O ANDREWS, Filed ..... 191.. Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1915, to Jan. 12 1916, that I saw h[illegible] alive on Jan. 12 1916, and that death occurred, on the date stated above, at 4:50 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Tuberculous Laryngitis

Acute Influenza 2 Days ago

Apex of Lung Duration: 2 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Pelvis

Duration: 1 yrs. 3 mos. ds.

(Signed) William Jones M. D.

Jan 12, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. 1 mos. 12 ds. In the State 10 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1356 N Stricker St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Jan 16..., 1916

20-UNDERTAKER	ADDRESS
James H Dunn	1303 Bustleton

important. See instructions on back of certificate.

...erly classified. Exact statement of OCCUPATION is very ... PHYSICIANS should state ... that it may be properly c...

Spec.—5-19-13—M. & T.—500 Bks.

C91243 HEALTH DEPARTMENT—CITY OF BALTIMORE C91243

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1363 ft. Stricker St.; 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME Elizabeth Barber (Barber)

(Residence in Baltimore: No. 1363 N. Stricker St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) (Day), 1819. (Year)

7-AGE, 96 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Dennis

(Address) 227 Lexington St

15- JAN 14 1916 HARRY O. ARLANDS, Burial Permit Clerk.

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1916, to Jan 12 1916, that I saw her alive on Jan 12 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

La Grippe

(1)uration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebro Pneumonia

(Duration) yrs. mos. 8 ds.

(Signed) R. Garland Chaney M.D.

Jan 13, 1916. (Address) 1534 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Jan. 13, 1916.

20-UNDERTAKER James H. Dennis — ADDRESS 60 Boston

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91244 C91244

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 170

CITY OF BALTIMORE: (No. 1621 Pressman ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Jackson

(Residence in Baltimore: No. 1621 Pressman St.; 10 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, Febry (Month) 2 (Day), 1850 (Year)

7-AGE, 65 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in Qy
(b) General nature of industry, business, or establishment in which employed (or employer): Stone Quarry

9-BIRTHPLACE, (State or Country), Baltimore County Md.

PARENTS.

10-NAME OF FATHER, Jacob Jackson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co Md

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. H. Jones

(Address) 1621 Pressman St

15- Filed JAN 14 1916, 191... ROBT. C. ARMES, Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 21 1915, to June 11 1916, that I saw him alive on June 11 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pericarditis and Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 4 ds.

(Signed) Geo C Shannon M. D.

June 13, 1916 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	Jan 14, 1916
20-UNDERTAKER	ADDRESS
Jas H Jones	1621 Pressman

IMPORTANT. See instructions on back of certificate. Answers must be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C91245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C91245

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Prestman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Day

(Residence in Baltimore: No. 1409 Prestman St.; yrs. 18 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~. (*Write* the word.) Married

6-DATE OF BIRTH, May 19, 1863 (Month) (Day) (Year)

7-AGE, 52 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Day

(Address) 1409 Prestman St

15- JAN 14 1916 HARRY O. ANDREWS, Filed ..... 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21 1915, to Jan 13 1916, that I saw h~~e~~ alive on Jan 13 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul Rixon M. D.

Jan. 13, 1916 (Address) 1837 Penn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Jan 17, 1916

20-UNDERTAKER James H Dorsey — ADDRESS 1300 Prestman

Please fill in all items, and in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91246

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C 91246

CITY OF BALTIMORE (No. 2006 Olive St. 23 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Thomas Conway

(Residence in Baltimore: No. 2006 Olive St.) (If not in Baltimore give STATE OR COUNTRY.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH: Nov. (Month) 22 (Day), 1853 (Year)

7-AGE: 62 yrs. 1 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Patrick Conway

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Dealley

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martha E. Johnson

(Address) 211 East St. Baltimore

15 JAN 14 1916 Filed ....., 191

HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1915, to Jan 12 1916, that I saw h[illegible] alive on Jan 11 1916, and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(Duration) yrs. 5 mos. ds.

Contributory (SECONDARY) Cystitis

(Duration) yrs. mos. 1 ds.

(Signed) C. Mitchell M. D.

Jan 13, 1916 (Address) 1379 Hillman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Patrick's Cemetery — DATE OF BURIAL: Jan 15 1916

20-UNDERTAKER: John J. Fahey & Sons — ADDRESS: 1318 Light St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91247

CERTIFICATE OF DEATH.

91 C91247

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N Bond ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maida Elizabeth Vogt

(Residence in Baltimore: No. 822 N Bond St St.; 2 yrs., 2 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 4 (Day), 1913 (Year)

7-AGE, 2 yrs. 2 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William E Vogt

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Monica Sadler

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William E Vogt

(Address) 822 N Bond St

15-

Filed JAN 14 1916, 191.... HARRY O. ANDREWS, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 13 1916, that I saw h[illegible] alive on Jan 3 191[illegible] and that death occurred, on the date stated above, at 5:[illegible] m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Frank E. Flowers M. D.

Jan 14, 1916 (Address) 1719 Edmondson Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Oaklawn Cemetery	1-15-16, 191.6
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave

Important. See instructions on back of certificate. Terms used in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91248

154 C91248

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N. Payson ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha E. Donnelly

(Residence in Baltimore: No. 520 N. Payson St.; 84 yrs. 3 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH. Oct 11, 1831. (Month) (Day) (Year)

7-AGE. 84 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. John Donnoly.

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Martha Martin

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Fahlman

(Address) 1744 White St

15. JAN 14 1916 Filed ....., 191.. HARRY O ANDREWS, Registrar Per [illegible] Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. ~~June~~ Jan 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 1 1916, to Jan 12 1916, that I saw her alive on Jan 12 1916, and that death occurred, on the date stated above, at 1145 m.

The CAUSE OF DEATH* was as follows:

Senerel debility

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Thrombosis

(Duration) yrs. mos. 2 ds.

(Signed) G. D. Driscoll M. D.

Jan 13, 1916. (Address) 312 N Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Lorraine Cem. DATE OF BURIAL. Jan 15, 1916.

20-UNDERTAKER Lowe Cook ADDRESS 508 E Fayette

important. See instructions on back of certificate.

...properly classified. Exact statement of OCCUPATION is very ...be in plain terms, so that it may ...PHYSICIANS should state

Spec.—8-24-14—M. & T.—2000 Blks.

C91249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 C91249

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary ST.: 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Martha Clancy

(Residence in Baltimore: No. 13- E- 22nd St.: 56 yrs., mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Jan (Month) 2 (Day), 1830 (Year)

7-AGE, 86 yrs. mos. 11 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Maryland Balto City

PARENTS.

10-NAME OF FATHER, John Owens

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Bird

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Samuel K. Randall
(Address) 13- E- 22nd Street

15- Filed JAN 14 1916, HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1915, to Jan 13 1916, that I saw h[illegible] alive on Jan 13 1916, and that death occurred, on the date stated above, at 2.35 P. m.

The CAUSE OF DEATH* was as follows:

Fracture of neck of R. femur
Accidental fall

(Duration) 1 yrs. 5 mos. 16 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
1/13, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death — yrs. 5 mos. 16 ds. In the State 86 yrs. mos. 11 ds.
Where was disease contracted, if not at place of death? 13- E- 22nd Street
Former or usual residence 13- E- 22nd Street Balto City

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery
DATE OF BURIAL, 1-17, 1916.

20-UNDERTAKER Williams Corse
ADDRESS 502 E North

CAUSE OF DEATH: Physicians should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C91250

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 Lamont St. 17 WARD)

REGISTERED No. C

2-FULL NAME William Moody

(Residence in Baltimore: No. 539 N Lamont St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1867 (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William A. Moody

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jeannette Tonell

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Brennan

(Address) 539 N Lamont St.

15-

JAN 14 1916

Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1/12/16 (Month) (Day) (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from 1/1 191 6, to 1/12 191 6, that I saw h— alive on 1/8 191 6, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Lee Ellis M. D.

1/13, 191.6 (Address) 724 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Jan 15 1916

20-UNDERTAKER John A. Bishop

ADDRESS 1117 D. Hill Av.

IMPORTANT: PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91251 C91251

CERTIFICATE OF DEATH.

92

REGISTERED NO. C_____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Brown

(Residence in Baltimore: No. 639 Eden Alley St.; 17 yrs., 2 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, Oct 18 (Month) (Day), 1898 (Year)

7-AGE, 17 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Caller 43
(b) General nature of industry, business, or establishment in which employed (or employer): ?

9-BIRTHPLACE, (State or Country), Md Baltimore

PARENTS.

10-NAME OF FATHER, James Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary ?

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hospital

(Address) Calvert St

15- JAN 14 1916 Filed....., 191....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 12 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1916, to Jan 12 1916, that I saw h him alive on Jan 12 1916, and that death occurred, on the date stated above, at 3.15 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L Smith M. D.

1/17, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 17 yrs. 2 mos. 25 ds.

Where was disease contracted, if not at place of death? Do not know

Former or usual residence 639 Eden alley

19-PLACE OF BURIAL OR REMOVAL, Mount Lebanon — DATE OF BURIAL, Jan 19 1916

20-UNDERTAKER John F. Cowan — ADDRESS 907 Pratt

Burial Permit Issued

Please write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CD1252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

CD1252

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 19 S. Carlton ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Jackson

(Residence in Baltimore: No. 19 S. Carlton

St. 37 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1884 (Year)

7-AGE 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Wells

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane Littleton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Wells

(Address) 19 S. Carlton St

15- JAN 14 1916 Filed, 191. BAKER O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 11th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) 11 yrs. mos. ds.

(Signed) Sam'l Hunter, M. D. (Coroner.)

Jan. 14th, 1916 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Equity — DATE OF BURIAL, Jan 14, 1916

20-UNDERTAKER Chas. F. Conner — ADDRESS 901 Hollins

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

C91253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 3 WARD)

REGISTERED NO. C

2-FULL NAME William Gordon

(Residence in Baltimore: No. 1405 Gough St.; 5 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1898 (Year)

7-AGE, 17 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor 482
(b) General nature of industry, business, or establishment in which employed (or employer): Pants Mfg

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Heurs

(Address) 1414 E. Balto St

15- Filed JAN 14 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1916, to Jan. 14, 1916, that I saw him alive on Jan. 14, 1916, and that death occurred, on the date stated above, at 12 00 p.m.

The CAUSE OF DEATH* was as follows:

Acute Diffuse Nephritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(Duration) yrs. mos. 1 ds.

(Signed) M. B. Levin M. D.

Jan. 14, 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1405 Gough St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herzl Ave DATE OF BURIAL, 1/16, 1916

20-UNDERTAKER Jack Levin ADDRESS 5 Balto St

CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91254 C91254

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hospital St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Sullivan

(Residence in Baltimore: No. 1011 N. Calvert St - City; St.: ? yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, ? (Month) (Day) 1848 (Year)

7-AGE, 68 yrs. ? mos. ? ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Maid
(b) General nature of Industry, business, or establishment in which employed (or employer): S

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Philip Quirke

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER ? Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Byrnes

(Address) 1340 E. 7th St.

15- JAN 14 1916 HARRY O. ARMACOST, Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 13 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan. 9 1916, to Jan. 13 1916, that I saw h[illegible] alive on Jan. 13 1916, and that death occurred, on the date stated above, at 3 P.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart following Initial Pneumonia

(Duration) 5 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 1 yrs. ... mos. ... ds.

(Signed) D.S. Jones M. D.

Jan. 13, 1916 (Address) Union Hospital

*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 5 ds. In the State ? yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1011 N Calvert St

19-PLACE OF BURIAL, OR REMOVAL. New Cathedral — DATE OF BURIAL. Jan 15, 1916

20-UNDERTAKER Chas. A. Kirkfield — ADDRESS Eutaw Pl.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91255

HEALTH DEPARTMENT—CITY OF BALTIMORE

+64 C91255

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Diffendael

(Residence in Baltimore: No. Spence ave - Monroe Park St.; 48 yrs. 3 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 21st, 1867 (Month) (Day) (Year)

7-AGE, 48 yrs. 3 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Foreman
(b) General nature of industry, business, or establishment in which employed (or employer). Contracting Firm

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Diffendael

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Alice Haller

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louise Diffendael

(Address).....

15-

Filed JAN 15 1916 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 17 1916, to Jan 17 1916, that I saw h[illegible] alive on Jan 17 1916, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(3 hours)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) (0) yrs. ....mos. ....ds.

(Signed) Edward P. Smith M. D.

1/17, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 48 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Spence ave Monroe Pk

19-PLACE OF BURIAL OR REMOVAL. Western Cem

DATE OF BURIAL. Jan 19, 1916

20-UNDERTAKER Jos. B. Cook

ADDRESS 1003 W Balto St

IMPORTANT.—CAUSES OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

091256 — 94 — 091256

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 230 S. Patterson Park Ave St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena G. Fehsenfeld.

(Residence in Baltimore: No. 230 S Patterson Park Ave St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: May (Month) 3 (Day) 1836 (Year)

7-AGE: 79 yrs. 8 mos. 11 ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Peter F Peters

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Helena J Peters

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William H Fehsenfeld

(Address) 2316 St Paul St

15-

Filed JAN 15 1916 HARRY O ANDREWS, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1916, to, Jan 13 1916, that I saw her alive on Jan 12 1916, and that death occurred, on the date stated above, at 8 03 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Collapse.

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Senility (Pulmonary Edema)

(Duration) yrs. mos. 7 ds.

(Signed), Arthur L. Fehsenfeld M. D.

Jan 13, 1916 [Address] 2506 Garrison ave,

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: Jany 15 1916

20-UNDERTAKER: Ellis Hitchell & Co — ADDRESS: 801 W. Fayette St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C91257

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1206 Druid Hill Ave ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Miss Julia Nichols

(Residence in Baltimore: No. 1206 Druid Hill Ave St.; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct 18, 1886 (Month) (Day) (Year)

7 AGE: 29 yrs. 2 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Public School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): N. Carolina

PARENTS

10 NAME OF FATHER: Lewis A. Nichols

11 BIRTHPLACE OF FATHER (State or country): N. Carolina

12 MAIDEN NAME OF MOTHER: Hattie Boss

13 BIRTHPLACE OF MOTHER (State or country): S. Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lewis A. Nichols

(Address) 1206 Druid Hill Ave

15 JAN 15 1916 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 13, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1/5, 1916, to 1/13, 1916, that I saw h[illegible] alive on 1/13, 1916, and that death occurred, on the date stated above, at 8 6 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemmorrhage

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Phthysis

(Duration) ? yrs. mos. ds.

(Signed) Burkhalter M. D.

1/17, 1916 (Address) 2137 D Hill Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: June 16, 1916

20 UNDERTAKER: John A. Rasin — ADDRESS: 410 N. Eutaw St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FOR DEPARTMENT RECORD

Spec.—5-19-12—M. & T.—500 Bks.

Gve Columbia

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91258

8

CERTIFICATE OF DEATH.

8 C91258

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Gough St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gve Columbia

(Residence in Baltimore: No. 1408 Gough St.; St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December 23, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. — mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Trenton New Jersey

PARENTS.

10-NAME OF FATHER, John Columbia

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Kuchunsca Columbia

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antone Columbia

(Address) 1408 Gough St.

15- FILED JAN 15 1916 ROBERT T. KRETSCHMAR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1916, to Jan 14 1916, that I saw h in alive on Jan 14 1916, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
with Convulsions

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) 3 weeks ago yrs. ... mos. ... ds.

(Signed) Nicholas Pellegrini M. D.

Jan 14, 1916 (Address) 2512 O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery

DATE OF BURIAL, Jan. 15, 1916

20-UNDERTAKER Rendell Appel

ADDRESS 372 Aisquith St

Burial Permit Clerk.

CAUSES OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—[illegible] Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91259

CERTIFICATE OF DEATH.

49 C91259

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 12 WARD)

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Hickman

(Residence in Baltimore: No. 2321 N. Calvert St St.; Life yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. (Month) 1 (Day), 1862 (Year)

7-AGE,	If LESS than 1 day,
53 yrs. 3 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Draftsman
(b) General nature of industry, business, or establishment in which employed (or employer): Mechanical

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George R. Hickman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Letitia A. Pence

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Record Mercy Hos.
(Address) Calvert St.

15-
Filed JAN 15 1916, 191... ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 13 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1915, to Jan 13 1916, that I saw h[illegible] alive on Jan 13 1916, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Coma

Apoplexy (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Ex Lues

(Duration) yrs. mos. ds.

(Signed) Edward [illegible] M. D.

Jan 13, 1916. (Address) Mercy Hos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 2321 N. Calvert St

Former or usual residence 2321 N. Calvert St

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Deals Isl Md	Jan. 15, 1916.
20-UNDERTAKER H. Sanders Sons	ADDRESS 1110 Eutaw St

IMPORTANT. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

(511-60)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 (511-60)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2627 Lehman ST. 20 WARD)

REGISTERED No. C

2-FULL NAME Elizabeth Anna Shaffer

(Residence in Baltimore: No. 2627 Lehman

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

SD: 8 yrs., 6 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 20th (Day), 1857 (Year)

7-AGE, 58 yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country). Md. Balto

PARENTS.

10-NAME OF FATHER. Arch. Morris

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Annie Humphery

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Shaffer

(Address) 2627 Lehman St.

15- JAN 15 1916 Filed ..... 191.... Burial Permit Issued ROBERT . KRAUTH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 12th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) ....yrs. ....mos. ....ds.

(Signed) Sam'l Wm. Kelly M. D.
(Coroner.)

Jan. 12th, 1916. (Address) 2302 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery — DATE OF BURIAL, Jan. 15, 1916

20-UNDERTAKER Geo. T. Schwab & Bro. — ADDRESS 749 Fremont Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—5000 Blks.

C91261

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91261

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 N Monford Av ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Infant Fields

(Residence in Baltimore: No. 1646 N Monford Av St.; 1hr yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Jan (Month) 7 (Day), 1916 (Year)

7-AGE, ...yrs. ...mos. ...ds.

If LESS than 1 day, 1 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Perry Gordon Fields

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Margaret Holland

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P G Fields

(Address) 1616 N Monford

15-

Filed JAN 15 1916 ROBERT J. KRAUTER, Registrar. By ... Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1916, to Jan 7 1916, that I saw him alive on Jan 7 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

6 Mos Foetus

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) B F Jenkins Jr M. D.

Jan 11, 1916. (Address) 1308 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Edmonds Cemetery DATE OF BURIAL, Jan 15 1916

20-UNDERTAKER Robt Turner ADDRESS 1442 Pitts

NOTICE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state.

Spec.—8-24-14—M. & T.—2000 Bks.

C91262

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91262

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 E. Williamson ST.; 23 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Langenfelder

(Residence in Baltimore: No. 27 E. Williamson St.; 30 yrs., 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 4, 1885 (Month) (Day) (Year)

7-AGE, 30 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocery Clerk 97
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland. Balto

PARENTS.

10-NAME OF FATHER, George A Langenfelder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Riess

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna Langenfelder

(Address) 27 E. Williamson St.

15- JAN 15 1916 Filed....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 29 1915, to Jan 14 1916, that I saw h-im alive on Jan 13 1916, and that death occurred, on the date stated above, at 2.30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) about yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo A Straus Jr. M. D.

Jan 14, 1916 (Address) 1935 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Trinity Cemetery	Jan 16th 1916
20-UNDERTAKER	ADDRESS
E. Schlosnagle & Son	1034 Hanover St

DEATHS OF CHILDREN must be properly classified. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C91263

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 W Lombard ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen E Lawson

(Residence in Baltimore: No. 1217 W. Lombard St St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March 10, 1854 (Month) (Day) (Year)

7-AGE, 61 yrs. 10 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Cain Mahoney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Lawson

(Address) Orrane Ave Govanstown Md

15- JAN 15 1916 ROBERT . BRADEN, Filed....., 191..... BURIAL PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 12, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6 1916, to June 12 1916, that I saw h- alive on June 11 1916, and that death occurred, on the date stated above, at 5H m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) yrs. mos. 1 ds.

(Signed) E Howe Culver M. D.

Jan 14, 1916. (Address) 424 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan. 15, 1916.

20-UNDERTAKER H. C. B. Cummings Son — ADDRESS 517 N Schroeder St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state in plain terms, so that it may be

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91264

C91264

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Pennsylvania Av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magnet Chelton

(Residence in Baltimore: No. 2208 Pennsylvania Ave St.; ..... yrs., Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 14, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. X ds.

If LESS than 1 day, 4 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Henry C. Chelton

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Magret Yonse

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A C Sorensen

(Address) 1808 Guilford Ave

15- JAN 15 1916 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 14 1916, to Jan 14 1916, that I saw her alive on Jan 14 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Asphyxia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. C. Sorensen M. D.

Jan 14, 1916 (Address) 1808 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Jan. 15, 1916

20-UNDERTAKER Geo L Lemmon

ADDRESS 1040 N Payne St

important. See instructions on back of certificate.

properly classified. Exact statement of OCCUPATION is very

PHYSICIANS should state

Spec.—5-19-13—M. & T.—500 Bks.

C91265

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91265

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2415 Maca St ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Isabella Nicholson

(Residence in Baltimore: No. 2415 Tride St.: ..yrs., 11 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: Colr
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Feb 6, 1905
(Month) (Day) (Year)

7-AGE, ..yrs. 11 mos. 8 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hadmaid
(h) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (City or County), Balto City — Md.

PARENTS.
10-NAME OF FATHER, Haldon Nicholson
11-BIRTHPLACE OF FATHER (State or Country), Va.
12-MAIDEN NAME OF MOTHER, Dollie Edmonds
13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Nollie Nicholson
(Address) 2415 Maca St

15-
Filed JAN 15 1916 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1916, to Jan 13 1916, that I saw her alive on Jan 11 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Bronchio-Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. ds.

(Signed) Reginald J. Toms M. D.
Jan 13, 1916. (Address) 414 S North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Druid Cem — DATE OF BURIAL, Jan 15, 1916

20-UNDERTAKER Daniel Easton — ADDRESS 916

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91266

CERTIFICATE OF DEATH.

91

C91266

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 840 N. 37th. St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give Its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Helen Clary

(Residence in Baltimore: No. 840 N. 37th St. St.; —yrs., 9 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April 13, 1915 (Month) (Day) (Year)

7-AGE, —yrs. 9 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto City Maryland

PARENTS.

10-NAME OF FATHER, Henry C. Clary

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Alice M. Marney

13-BIRTHPLACE OF MOTHER (State or Country) Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Henry C. Clary.

(Address) 840 N. 37th St.

15- JAN 15 1916 Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13th 1916, to Jan 14th 1916, that I saw her alive on Jan 14th 1916, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

1. [illegible]
2. Bronchitis
3. Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) [illegible] (Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Jan 15, 1916. (Address) 32 S. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery. DATE OF BURIAL. Jan 16 1916

20-UNDERTAKER Horace Burgee & Son ADDRESS 3637 Falls Road.

IMPORTANT. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 172

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 921 Pierce St. ST.: 18 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Simpson (Simpson)

(Residence in Baltimore: No. 921 Pierce St St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 4, 1911.
(Month) (Day) (Year)

7-AGE, 4 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, W J Simpson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Fannie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. Simpson

(Address) 921 Pierce St

15- JAN 15 1916 Filed....., 191.....

HARRY O ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 13, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 11 191✓, to Jan. 13 1916, that I saw h alive on Jan. 12 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary
Ulceration of Right Side of
Transverse Sinus (Back of Head)
Does Diagnosis
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Meningitis
about a week
(Duration) yrs. mos. ds.

(Signed) Dr. Mayfield Roof M. D.

16 Jan. 1916 (Address) 1 E Bo N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Jan 15 191..

20-UNDERTAKER Charles B Jones

ADDRESS 1 E Eutaw

important. See instructions on back of certificate.

properly classified. Exact statement of OCCUPATION is very

PHYSICIANS should state

C91268

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91268

92

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 813 West Lombard St ST. 18 WARD)

2-FULL NAME Harry Melton Hartzell

(Residence in Baltimore: No. 813 W Lombard St.: yrs. 5 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March (Month) 16, (Day) 18[illegible] (Year)

7-AGE: 31 yrs. 9 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer): Pressman

9-BIRTHPLACE (State or country): Balto City Maryland

PARENTS

10-NAME OF FATHER: William Hartzell

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth Fingwell

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Hartzell

(Address) 813 W Lombard St

15. Filed JAN 15 1916, 191

HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 13, (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1916, to Jan 13 1916, that I saw him alive on Jan 12, 1916, and that death occurred, on the date stated above, at 7A. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 3 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Stanley Stone M. D.

Jan 13, 1916 (Address) 729 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Jan 16, 1916

20-UNDERTAKER: Isaiah Dyer

ADDRESS: 1608 N North Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FOR PERMANENT RECORD

A FEET

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3165 Leed St. St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Bessie C. Lohr

(Residence in Baltimore: No. 3165 Leed St. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: Feb. (Month) 3 (Day), 1884 (Year)

7-AGE: 31 yrs. 11 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Dress Maker
(b) General nature of industry, business, or establishment in which employed (or employer): own Business

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: John Parrish

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Amanda Hampshire

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Lohr

(Address) 3165 Leed St.

15- JAN 15 1916 Filed ..... 191.

HARRY O ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 3, 1916, to, Jan 13 1916, that I saw h[illegible] alive on Jan 13 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

13

(Duration) yrs 6 mos ds.

Contributory (SECONDARY) .....

(Duration) yrs mos ds.

(Signed) Burke C Elliott M D

Jan 15, 1916. [Address] 1419 E Baltimore St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Bdw

DATE OF BURIAL: Jan. 16, 1916

20-UNDERTAKER: A.S.Marshall

ADDRESS: 3539 Falls Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luther Bosley

Residence in Baltimore: No. 830 W 37th St

St.; ... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar. (Month) 4 (Day), 1851 (Year)

7-AGE, 64 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hand Cart
(b) General nature of industry, business, or establishment in which employed (or employer): Canister Co

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joshua Bosley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Shaefer

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rebecca Bosley

(Address) 830 W 37 St

15-JAN 15 1916

Filed....., 191... HARRY O ANDREWS, Vital Statistics Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 14 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 14 191..., that I saw h[illegible] alive on Jan 14 1916, and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Unknown (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) yrs. mos. ds.

(Signed) W Houston Carlson M. D.

Jan 14., 191... (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State 64 yrs. 10 mos. 10 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 830 W 37 St

19-PLACE OF BURIAL OR REMOVAL. Phoenix Md

DATE OF BURIAL. Jan 18 ..., 191...

20-UNDERTAKER N. S. Marshall

ADDRESS 3539 Fall Road

important. See instructions on back of certificate.

C91271

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Shelter for Aged Colored Women — REGISTERED No. C 79 C91271

CITY OF BALTIMORE (No. 517 W. Biddle St. St: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Jane Johnson

(Residence in Baltimore: No. The Shelter St.: 24 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: Unknown (Month), (Day), 1816 (Year)

7 AGE: 90 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): (Work)

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Benjamin Johnson

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Wharton

(Address) 517 W Biddle St

JAN 15 1916

Filed 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 14 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1913 to Jan 10 1916 that I saw h[e] alive on Jan 10 1916 and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 2 yrs. 3 mos. ds

Contributory (SECONDARY) Pulmonary Oedema

(Duration) yrs. mos. 6 ds.

(Signed) Chas. E. Peeples M. D.

Jan 14, 1916 (Address) 1316 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 24 yrs. — mos. — ds. In the State 90 yrs. 7 mos. — ds.

Where was disease contracted, if not at place of death? Former or usual residence: Shelter for Aged Colored / Shelter for Aged Colored

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Jan. 15, 1916

20 UNDERTAKER: Chas. E. Franck — ADDRESS: 802 Madison Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91272

HEALTH DEPARTMENT---CITY OF BALTIMORE

125

CERTIFICATE OF DEATH

1 PLACE OF DEATH Hahnemann Gen Hospital REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1211 N Mount ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene C. Jennings

(Residence in Baltimore: No. 1208 Whatcoat St.; 29 yrs. 9 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Mar 29 1896 (Month) (Day) (Year)

7-AGE 29 yrs. 9 mos. 15 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Laborer 250
(b) General nature of industry, business, or establishment in which employed (or employer) Tile setter

9-BIRTHPLACE (State or country) Baltimore, Md

PARENTS

10-NAME OF FATHER William H. Jennings

11-BIRTHPLACE OF FATHER (State or country) Balto Md

12-MAIDEN NAME OF MOTHER Susan M. Conrad

13-BIRTHPLACE OF MOTHER (State or country) Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susan M Jennings

(Address) 1208 Whatcoat St

15- Filed JAN 15 1916, 191... MARET O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jany 14th 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7th 1916, to, Jany 14th 1916, that I saw h... alive on Jany 14th 1916, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

(Duration) Unknown yrs. mos. ds.

Contributory (SECONDARY) Urethral Stricture

Pyelo Nephritis (Duration) yrs mos. Unknown

(Signed), Geo. E. Brown for Edwin Ely Jelly M.D.

Jany 14 191 6 [Address] 1111 W. Madison St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. 18 ds. In the State 29 yrs 9 mos 15 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1208 Whatcoat St

19-PLACE OF BURIAL OR REMOVAL St Peters Cemetery

DATE OF BURIAL Jany 18 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91273

HEALTH DEPARTMENT--CITY OF BALTIMORE

151

C91273

CERTIFICATE OF DEATH

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 639 N Central ave ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Baby Hall

Residence in Baltimore: No. 639 N. Central ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6 DATE OF BIRTH: Jan 14 (Month), 14 (Day), 1916 (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 3 hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Richard Hall

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Emma Carter

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James F. Hall

(Address) 639 N. Central ave.

15 JAN 15 1916 19.. HARRY O ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 14 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1916, to Jan 14 1916, that I saw h[illegible] alive on Jan 14, 1916, and that death occurred, on the date stated above, at 10 45 p.m.
The CAUSE OF DEATH* was as follows:

Premature Birth (7 mos).

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Maurice E. B. Owens M. D.

Jan 14, 1916 (Address) 25 & 4 W. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Jan 15 1916

20 UNDERTAKER: Robert A Elliott — ADDRESS: 506 East 21

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEPARTMENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91274 C91274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 N. Bond ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stricknall F. Smith

(Residence in Baltimore: No. 1816 N. Bond St.; 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Aug 28, 1896 (Month) (Day) (Year)

7-AGE, 19 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At School
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Saml F. Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Amelia H. Britting

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Saml. F. Smith

(Address) 1816 N. Bond

15- JAN 15 1916 191.... HARRY O. ANDERS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1913, to Jan 13 1916, that I saw h in alive on Jan 13 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. 7 mos. ds.

(Signed) Charles F Blair M. D.

Jan 14, 1916. (Address) 205 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Pk — DATE OF BURIAL, Jan 16 1916

20-UNDERTAKER Philip Herrig — ADDRESS 206 Oden St

Burial Permit Issued

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C91275

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 South Broadway ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Renehan

(Residence in Baltimore: No. 7 South Broadway St.; 78 yrs., mos. dz.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: April 6, 1837 (Month) (Day) (Year)

7-AGE: 78 yrs. 9 mos. 8 dz. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Mathias B. Benzinger

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Crey

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Agnes Renehan

(Address) 7 S. Broadway

15-JAN 15 1916

Filed ..... 19.. Burial Permit Given

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 3- 1916, to Jan. 14 1916, that I saw h[illegible] alive on Jan. 14- 1916, and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes, Catarrhal Pneumonia -

(Duration) - yrs. - mos. 17 dz.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) yrs. mos. dz.

(Signed) [illegible] M. D.

Jan. 15, 1916 (Address) 2012 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. dz. In the State yrs. mos. dz.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 1/17, 1916

20-UNDERTAKER: Henry W. Meade & Son

ADDRESS: 703 N. Calvert St

Physicians should state PLAINLY. PHYSICIANS should state CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C91276

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 E Fairmount ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Elizabeth Koch

(Residence in Baltimore: No. 2313 E Fairmount St.; 45 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Feb. (Month) 6 (Day), 1848 (Year)

7-AGE,	If LESS than 1 day,
67 yrs. 11 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at Home.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework.....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Schlitt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Frank Koch.....

(Address).2313 E Fairmount.....

15-

Filed JAN 15 1916 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) ..... (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191....., that I saw h.....alive on.....191....., and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, Jan. 15....., 1916

20-UNDERTAKER Jas. J. Kerr 1914 ADDRESS E. Fayette

IN CASE OF DEATH must be filled out in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C91277

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 326 S. Fremont Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelo Constantina

(Residence in Baltimore: No. 326 S. Fremont Ave St.; ... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, ... January 17 ....., 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 9 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS':
10-NAME OF FATHER, Joseph Constantino
11-BIRTHPLACE OF FATHER (State or Country), Italy
12-MAIDEN NAME OF MOTHER Maria Conico
13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)..Johnd Iannaro.....
(Address)..226 S Howard stret.....

15- JAN 15 1916 Burial Permit Issued
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 15, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1916, to Jan 15- 1916
that I saw h.. alive on Jan 15- 1916
and that death occurred on the date stated above, at 6 a.m.
The CAUSE OF DEATH* was as follows:
1. Broncho Pneumonia
..... (Duration) ... yrs. ... mos. 10 ds.
CONTRIBUTORY (Secondary) .....
..... (Duration) ... yrs. ... mos. ... ds.
(Signed) W C Bullinger M. D.
Jan 15, 1916. (Address) 622 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent's Cem — DATE OF BURIAL, Jan. 15 1916

20-UNDERTAKER Edmd Fahey & Son — ADDRESS 1318 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

Spec.—6-24-14—M. & T.—2000 Bks.

C91278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

125 C91278

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H. Manson

(Residence in Baltimore: No. 2200 Elmora Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH, March 12, 1867
(Month) (Day) (Year)

7-AGE, 48 yrs. 10 mos. 2 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Insurance Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... 917

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John G. Manson

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Indiana Grey

13-BIRTHPLACE OF MOTHER (State or Country), Alexandria Va.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant)..... A. Smith

(Address) Johns Hopkins Hospital

15-
Filed JAN 15 1916, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 11 1916, to January 14 1916, that I saw h... alive on January 14 1916, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Double Cyclo nephritis

About 6
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

About 10
(Duration) ... yrs. ... mos. ... ds.

(Signed) William Frost M. D.

Jan. 14 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 4 ds. In the State 48 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2200 Elmora Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery | DATE OF BURIAL, Jan 15, 191...

20-UNDERTAKER T. E. Hughes | ADDRESS 17 Broadway

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91279

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Eutaw Place ST.; 14 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Henrietta Lindau

(Residence in Baltimore: No. 1800 Eutaw Place St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, July 27 (Month) (Day), 1839 (Year)

7-AGE, 76 yrs. 5 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lady
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Ulm Germany

PARENTS.

10-NAME OF FATHER, Jacob Ulman

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER do not Know

13-BIRTHPLACE OF MOTHER (State or Country), do not Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Susie Lindau

(Address) 1800 Eutaw Place

15-

Filed JAN 15 1916 HARRY O. ANDREWS, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 14 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1904, to January 14 1916, that I saw h[er] alive on January 14 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) — yrs. 6 mos. — ds.

(Signed) Louis P. Hamburger M. D.

January 15, 1916. (Address) 1207 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oheb Sholom Cem — DATE OF BURIAL, 1-17, 1916

20-UNDERTAKER Henry W Justus Sons Co — ADDRESS Wilkins & Orchard

IMPORTANT: Physicians should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91280 C91280

CERTIFICATE OF DEATH.

99

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1332 N Fremont Ave WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Joseph Graziano

(Residence in Baltimore: No. 1332 N Fremont Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Dec 30 (Month) (Day), 1915 (Year)

7-AGE, ...yrs. 15 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) none

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER Antonia Graziano

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Josephine Grazino

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antonia Graziano

(Address) 1332 N. Fremont Ave

15- JAN 15 1916 HARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1916, to Jan 14 1916, that I saw h[illegible] alive on Jan 14 1916, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. Peter M. D.

....., 191... (Address) 241 Park St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, Jan 15..., 1916

20-UNDERTAKER A. Fahey & Sons ADDRESS 606 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C91281

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 Dillert ST.) 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecilia Malanowski

(Residence in Baltimore: No. 2509 Dillert St.; 2 yrs., 4 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. August (Month) 17 (Day), 1913. (Year)

7-AGE. 2 yrs. 4 mos. 28 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER. Leon Malanowski

11-BIRTHPLACE OF FATHER (State or Country). Poland Russia

12-MAIDEN NAME OF MOTHER Elizabet Wisniewska

13-BIRTHPLACE OF MOTHER (State or Country). Poland German

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leon Malanowski

(Address) 2509 Dillert St.

15-

Filed JAN 15 1916 191... DEATH & BURIAL Burial Permit Olen

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 14 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 10 1916, to January 13 1916, that I saw h alive on January 13 1916, and that death occurred, on the date stated above, at 12 25 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 4 ds.

(Signed) L. Emanuel M. D.

January 14 1916. (Address) 722 E. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Stanislaus. DATE OF BURIAL, Jan 16th, 1916.

20-UNDERTAKER M. J. Sadowski ADDRESS 905 S. Ann St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C91282

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Strickler (Strickler)

(Residence in Baltimore: No. 2024 E Fayette St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	

6-DATE OF BIRTH, Jan 12, 1916. (Month) (Day) (Year)

7-AGE, 3 days. ...yrs. ...mos. ...ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Nicholas Strickler

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lillian Hoyt

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Thomas J. Salmon
(Address) Mercy Hospital

15- JAN 15 1916
Filed ..., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 15, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1915, to Jan 15 1916, that I saw him alive on Jan 15 1916, and that death occurred, on the date stated above, at 12 25 m.

The CAUSE OF DEATH* was as follows:
Mal nutrition
(Duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Premature birth
(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward D. Lewis M. D.
Jan 15, 191... (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Leo. D. Cook — DATE OF BURIAL, Jan. 16 1915.

20-UNDERTAKER Holy Redeemer — ADDRESS 1161 N Patterson Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91283

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91283

CERTIFICATE OF DEATH

115

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 458 Brunswick ST.: (OR WARD) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret A.C. Evans

(Residence in Baltimore: No. 458 Brunswick St.: 69 yrs. 0 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: June 11, 1847 (Month) (Day) (Year)

7 AGE: 69 yrs. 0 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Chas W. Hale

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Annie G. Nicholas

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary W. Hatzelberger

(Address) 1102 N Carey

15 Filed JAN 15 1916 HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 14, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1916, to, Jan 13 1916, that I saw h-r alive on Jan 13, 1916, and that death occurred, on the date stated above, at 10.15 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Endocarditis

(Duration) yrs. mos. 6 ds.

(Signed) Thos. H. Johnson M. D.

Jan 14, 1916 (Address) 2515 W. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Jan 17 1916

UNDERTAKER: J.B. Wippert — ADDRESS: 1731 Eutaw Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C91284

1-PLACE OF DEATH
CITY OF BALTIMORE: No. Johns Hopkins Hosp. ST.; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Walker

(Residence in Baltimore: No. 43 N. Bethel St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 16 (Day), 1899 (Year)

7-AGE, 16 yrs. 7 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). Private family

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Jim Henry.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mantha Jefferson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hospital.

15- JAN 15 1916 BARRY O'NEILL, Filed, 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 13 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1916, to Jan. 13, 1916, that I saw h alive on Jan. 13 1916, and that death occurred, on the date stated above, at 8 40 p.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis Tubercular
Miliary Tuberculosis
Pulmonary Tuberculosis
Acute influenza
(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute influenza
3 days (Duration) yrs. mos. ds.

(Signed) R Richardson M. D.

Jan. 13, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 43 N. Bethel St.

PLACE OF BURIAL OR REMOVAL, Mt. Wood Va. DATE OF BURIAL, Jan 17th 1916

20-UNDERTAKER Harry A Vodery ADDRESS 1725 Orleans St

Accompanied By Julia Verni

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91285

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91285

CERTIFICATE OF DEATH

1-PLACE OF DEATH St. Elizabeths Home 29

CITY OF BALTIMORE: (No. St. Paul St. ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geraldine Cormack

(Residence in Baltimore: No. St. Elizabeths Home) (If not in Baltimore give length of residence in this city.) yrs. 3 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Oct 26, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Bullock

11-BIRTHPLACE OF FATHER (State or Country), West India

12-MAIDEN NAME OF MOTHER Virginia Cormack

13-BIRTHPLACE OF MOTHER (State or Country), Norfolk Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Elizabeths Home

(Address) St Paul St.

15- JAN 15 1916 HARRY O. ANDREWS, Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 191 5, to Jan 14 1916, that I saw her alive on Jan 14 1916, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

1 (Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. ds.

(Signed) Frank W. Mase M. D.

Jan 14, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 17 ds. In the State 1 yrs. 3 mos. 18 ds.

Where was disease contracted, if not at place of death? St Elizabeths Home

Former or usual residence St Elizabeths Home

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Jan 16 1916

20-UNDERTAKER Harry A. Dodery ADDRESS 725 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91286 C91286

CERTIFICATE OF DEATH.

REGISTERED NO. C 172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 N Linwood Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME James Henry Clay Garing

(Residence in Baltimore: No. 131 N. Linwood Ave St.; — yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June 9, 1852
(Month) (Day) (Year)

7-AGE, 63 yrs. 6 mos. 11 da. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Color Dresser
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William H Garing

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna Kimble

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lillian Garing

(Address) 131 N Linwood Ave

15- JAN 15 1916

Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1915, to Jan 14 1916, that I saw him alive on Jan 14 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Embolism

Accident - Fell down steps

(Duration) ....yrs....mos....da.

CONTRIBUTORY (Secondary) 2 week ago

(Duration) ....yrs....mos....da.

(Signed) Geo D Bunnell M. D.

Jan 15, 1916. (Address) 2318 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 18, 1916

20-UNDERTAKER McLean-Jones — ADDRESS 833 Linden ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91287 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 C91287

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2100 Bolton street, ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Wools,

(Residence in Baltimore: No. 2100 Bolton street, St. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female,	White,	Widowed,

6-DATE OF BIRTH, ... Unknown, ... (Month), ... (Day), 1 ..... (Year)

7-AGE,	If LESS than 1 day,
88? yrs. ? mos. ? ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None,
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Mary Fitzpatrick,

13-BIRTHPLACE OF MOTHER (State or Country). Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Miller, daughter,

(Address) 2100 Bolton street.

15- MARY C ABBOTT, Filed JAN 15 1916 191 Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January (Month) ..... 14th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis,

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis,

(Duration) ? yrs. ? mos. ? ds.

(Signed) H. Bedford Campbell M. D. (Coroner.)

Jan. 15th 1916. (Address) 3310 N. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Jan 16 1916
20-UNDERTAKER	ADDRESS
H Fletcher & Sons	Homewalk

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C91288

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91288

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mushla Schwartz

(Residence in Baltimore: No. 1622 E. Fayette St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, January (Month) 12 (Day), 1916 (Year)

7-AGE, ...yrs. 3 mos. ...ds. | If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, H. Schwartz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Katz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Schwartz

(Address) 1622 E Fayette St.

15-

FILED JAN 16 1916, 191...

HARRY O. ANDREAS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1916, to Jan 15, 1916, that I saw her alive on Jan 14, 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Edema (Pulmonary)

(Duration) yrs. mos. 1 hr.

(Signed) Grace M. Weeks M. D.

Jan 15, 1916. (Address) 802 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel | DATE OF BURIAL, 1/16, 1916

20-UNDERTAKER Jack Laury | ADDRESS E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91289

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91289

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebew Hospital ST.; 23 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertude Olsan

(Residence in Baltimore: No. 129 W. Hamburg st St.; 7 yrs., 6 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1 (Year)

7-AGE, 7 yrs. 6 mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, Louis Olsan

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bertil Rubinchik

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Olsan

(Address) 129 W. Hamburg st

15- JAN 16 1916 HARRY O. ANDREWS, Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 27 1915, to Jan 15 1916, that I saw h[illegible] alive on Jan 15 1916, and that death occurred, on the date stated above, at 6.45 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) yrs. 3 mos. da.

(Signed) Herman W. Krantz M. D.

Jan. 15, 191.6 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State 43 yrs. mos. da.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 129 W. Hamburg

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, Jan 16 191.6

20-UNDERTAKER L. Levinson & Bro

ADDRESS 1107 E Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

K 45 C91290

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate H Hall

(Residence in Baltimore: No. Johns Hopkins Hospital; ..... yrs., ... mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
73 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Wm. Merrill

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Maggie Donoghe

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- JAN 16 1916

Filed....., 191.... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 6 1916, to January 15 1916, that I saw her alive on January 15 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Melanotic Sarcoma of Liver, Secondary Metastasis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Stanhope Bayne-Jones M. D.

Jan. 15., 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Clarksburg W Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Clarksburg W. Va	Jan 16., 1916
20-UNDERTAKER H. & M. G. Flynn	ADDRESS 1432 High St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91291 C91291

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 W. Barre ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Leuenbach.

(Residence in Baltimore: No. 631 W Barre. St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 23, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. — mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Geo Leuenbach

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Gertrude Boots

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Leuenbach

(Address) 631 W Barre

15- JAN 16 1916 HARRY O. ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 14 1916, that I saw h[illegible] alive on Jan 14 1916, and that death occurred, on the date stated above, at 7 pm.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) — yrs. — mos. — ds.

(Signed) W. C. Fahrenger M. D.

Jan 16, 1916 (Address) 612 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, Jan 16, 1916

20-UNDERTAKER Geo Leuenbach & Sons ADDRESS 627 W Barre

Spec.—5-19-13—M. & T.—500 Bks.

C91292 C91292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 S. Potomac ST.; 1 WARD)

(If death occurred in a hospital or Institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph Faber

(Residence in Baltimore: No. 916 S. Potomac St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. (Month) 26. (Day), 1868 (Year)

7-AGE, 47 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Maker
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Faber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie V. Faber

(Address) 916 S. Potomac St.

15-

Filed JAN 16 1916 MARY O ANDREWS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 14. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 14th 1916, that I saw h[illegible] alive on Jan 13th 1916, and that death occurred, on the date stated above, at 7.45 A.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis.

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. W. Bliss M. D.

Jan 14th 1916 (Address) 1005 Potteen Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Carmel Cemetery

DATE OF BURIAL, Jan 17, 1916

20-UNDERTAKER Zirkler + Zirkler

ADDRESS 1737 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91293 C91293

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 N. Patterson Park Ave ST.; 10 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick H. Riedel

(Residence in Baltimore: No. 1641 N. Patterson Park Ave St.; 23 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 26, 1866 (Month) (Day) (Year)

7-AGE, 49 yrs. 6 mos. 19 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): 328

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fredericka Riedel

(Address) 1641 Patterson Park Ave

15-

Filed JAN 16 1916 HARRY O ANDREWS Registrar.

Burial Permit Given

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 10th 1916, to Jany 14th 1916, that I saw h[im] alive on Jany 14th 1916 and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 17 da.

(Signed) Edw. M. Longwell M. D.

Jany 15th, 1916. (Address) 1 W. Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore — DATE OF BURIAL, Jan 17, 1916

20-UNDERTAKER Fiedler & Fiedler — ADDRESS 1737 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

C91294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

C91294

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 Summers Alley ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Beste

(Residence in Baltimore: No. 228 Summers Alley St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 15 (Month) (Day), 1862 (Year)

7-AGE. 53 yrs. 8 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Ballo. Md

PARENTS.

10-NAME OF FATHER, James Barbert

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Beste

(Address) 228 Summers Alley

15-

Filed JAN 16 1916, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 191 6, to Jan 13 191 6, that I saw h[illegible] alive on Jan 13 191 6, and that death occurred, on the date stated above, 11 A.M. m.

The CAUSE OF DEATH* was as follows:

Duskin Cause

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) acute Nephritis

(Duration) yrs. mos. 15 ds.

(Signed) J. Wallace M. D.

Jan 17, 1916 (Address) 6 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 228 Summers Alley

19-PLACE OF BURIAL OR REMOVAL Greenmount DATE OF BURIAL, Jan 14 1916.

20-UNDERTAKER Robert J. Turner ADDRESS 1742 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C91295

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 344 W. Calhoun St.; 19 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Baker

(Residence in Baltimore: No. 344 W. Calhoun St.; 53 yrs., mos. 31 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH Dec. 15, 1860 (Month) (Day) (Year)

7-AGE. 53 yrs. 1 mos. 30 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home
(b) General nature of industry, business, or establishment in which employed (or employer). Keeping House

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Michael Brady

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Galloway

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Baker

(Address) 344 W. Calhoun

15- Filed JAN 16 1916, 191.. HARRY G. ARMENTI, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 14 1916, that I saw h[illegible] alive on Jan 13 1916, and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

, 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Cross Hartford Rd. DATE OF BURIAL. Jan 17, 1916

20-UNDERTAKER John Howard & Son ADDRESS 901 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M.—T.—2000 Bks.

C91296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

C91296

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 19 WARD) REGISTERED NO. C

2-FULL NAME John Fletcher

(Residence in Baltimore: No. 257 Bruce St. St.; — yrs. — mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Feb. ? (Month) (Day), 1859 (Year)

7-AGE: 56 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): City

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Thomas Fletcher

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Dont know

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Fletcher

(Address) 21 N. Vincent St.

15-

Filed JAN 16 1916 Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan. (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 14 1916, that I saw h[illegible] alive on Jan 14 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) 4 days

CONTRIBUTORY (Secondary) Alcoholism

(Duration) 2 yrs. mos. ds.

(Signed) Chas. H. Smith M. D.

Jan 14, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 56 yrs. mos. ds.

Where was disease contracted, if not at place of death? 257 Bruce St.

Former or usual residence 257 Bruce St.

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL, Jan 17 1916

20-UNDERTAKER: Wilbert Brown — ADDRESS 306 N Arlington Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 1425 W. Fayette St. 19 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph Smiley

(Residence in Baltimore: No. 1425 W. Fayette St.) Yrs. 76 mos. — ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Jan. (Month) 11th (Day), 1840 (Year)

7-AGE, 76 yrs. mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Master Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert Smiley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Flood

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hanna Savage

(Address) 1425 W. Fayette St.

15- JAN 16 1916 HARRY O. ARTHURS, Burial Permit Clerk

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 15th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart (Mitral Regurgitation)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Saml Mauntery M. D. (Coroner)

Jan. 15th, 1916. (Address) 2302 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery — DATE OF BURIAL, Jan. 17, 1916

20-UNDERTAKER George J. Smith — ADDRESS 1425 W. Fayette St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91298 — 79 — REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Univ Md. Hosp ST. 9 WARD)

2-FULL NAME William H. Elmer

(Residence in Baltimore: No. 1034 E Northave St.; yrs. 44 mos. da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out also No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, Dec 4, 1885
(Month) (Day) (Year)

7-AGE, 30 yrs. 1 mos. 10 da.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hardwood
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas. L Elmer

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER Mary Daly

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Reule

(Address) 1034 E Northave

15- JAN 16 1916 Filed....., 191.... HARRY O ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) C. Reule M. D.
(Coroner)

June 15 191 (Address) 242 W 8th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death? In Street car

Former or usual residence 1034 E. Northave

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, Jan 17, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91299

CERTIFICATE OF DEATH.

170 C91299

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 N. Caroline St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane House

(Residence in Baltimore: No. 1803 N Caroline St. St. 47 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD—WRITE PLAINLY WITH INDELIBLE INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, March 10th, 1834 (Month) (Day) (Year)

7-AGE 81 Years mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) Wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Thorpe

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Mary Erdman

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. F. Brighton

(Address) 1803 Caroline st.

15- Filed JAN 16 1916 [illegible] Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11 1916, to June 14 1916, that I saw her alive on June 14 1916, and that death occurred, on the date stated above, at 2 20 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Johnson W. Faulkner M. D.

Jan 16, 1917. (Address) 1714 N Arolina av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Jan 17, 1916

20-UNDERTAKER George F. Ruth — ADDRESS 1735 Harford Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C91200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Sherwood ave ST.; 9 WARD)

REGISTERED No. C 91200

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine M. O'Brien

(Residence in Baltimore: No. 1926 Sherwood ave St. Life yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), (Year)

7-AGE, 60 year yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Keeps
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Knaff

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Weis

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. O'Brien

(Address) 1926 Sherwood ave

15- JAN 16 1916 MARRIAGE AND BIRTHS,
Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1916, to Jan 15 1916, that I saw her alive on Jan - 14 - 1916, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Adeno - Carcinoma of Uterus

Clinical Diagnosis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) — yrs. — mos. — ds.

(Signed) Elmer G. Hall M. D.

Jan 17, 1916. (Address) 617 N. Port ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery — DATE OF BURIAL, Jan 18, 191 6

20-UNDERTAKER George J. Ruth — ADDRESS 1735 Harford ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91301

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91301

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 933 S Kenwood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kinnig

(Residence in Baltimore: No. 933 S. Kenwood ave St. Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 67 years
yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer #43
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Kinnig

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kinnig

(Address) 2710 E. Fair Ave.

15-JAN 16 1916 HARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1915, to Jan 13 1916, that I saw h.....alive on Jan 13 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Chronic Tubal Peritonitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) O K Kay M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwarz Cemetery. DATE OF BURIAL, Jan 17..., 1916

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C91302

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C91302

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 837 Linden Ave ST. 11 WARD)

(If death occurred in a hospital or Institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie Robinson

(Residence in Baltimore: No. 837 Linden Ave. St.; 30 yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec 4, 1885 (Month) (Day) (Year)

7-AGE: 30 yrs. 1 mos. 10 ds. If LESS than 1 day.....hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Maid (Housewife)
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: James Jenkins

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Anne Robinson

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Robinson

(Address) 837 Linden Ave.

15.

Filed JAN 16 1916 19..

HARRY C. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1915, to Jan 14 1916

that I saw her alive on Jan 13, 1916

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(Duration) yrs. 6 mos. 6

Contributory (SECONDARY) Tuberculosis of Lungs,

(Duration) 1 yrs. mos.

(Signed) A. L. Houseman M. D.

1/15, 1916. (Address) 733 Augusta St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. .....

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Jan 18 1916

20-UNDERTAKER: Chas. B. Jones — ADDRESS: 1119 Pennsylvania Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FILMED

Spec.—5-19-13—M. & T.—500 Bks.

C91303 C91303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary St.; ..... WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Clarence Tracy

(Residence in Baltimore: No. Union Protestant Infirmary St.; ..... yrs. ..... mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... January ..... 7th, 1881.
(Month) (Day) (Year)

7-AGE, 34 yrs. 6 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Geologist
(b) General nature of industry, business, or establishment in which employed (or employer)..... Oil Co.

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, J. Tracy

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Estella Irons

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... A. E. Albert

(Address)..... 801 Hollins St

15- Filed JAN 16 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January ..... 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1915, to Jan 16 1916, that I saw h[illegible]live on Jan 16 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Epithelioma Cortex

..... (Duration) ..... yrs. 1 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Died 15 hrs following op.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bonnie S. Chaffee M. D.

Jan 16 1916. (Address) Union Prot. Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State yrs. mos. 4 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Union, W. Va.

19-PLACE OF BURIAL OR REMOVAL Forest Park Balto Co. Md. DATE OF BURIAL, Jan 18, 1915

20-UNDERTAKER Jos. L. Cook ADDRESS 1003 W. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

S. A. F. D. A. K.

Spec.—8-24-14—M. & T.—2000 Bks.

091304

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 091301

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 Riggs Ave ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jean R. Retz

(Residence in Baltimore: No. 2912 Riggs Ave St.; — yrs. 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March (Month) 12 (Day), 1834 (Year)

7-AGE,	If LESS than 1 day,
81 yrs. 10 mos. 2 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Master
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Naval Academy

9-BIRTHPLACE, (State or Country), France

PARENTS.

10-NAME OF FATHER, Jean R. Retz

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Charlotte LaDuay

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Retz

(Address) 2912 Riggs Ave

15- Filed JAN 16 1916 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

JAN 16 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 14 1916, that I saw h— alive on Jan 14 1916, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia Right

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ....yrs. ....mos. ....ds.

(Signed) John N. Graham M. D.

Jan 15 1916. (Address) 1003 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. ....mos. ....ds. In the State....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Annapolis Md	1.17....., 191.6
20-UNDERTAKER	ADDRESS
J. Frew McCarthy	39 E. Fort

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

186

CERTIFICATE OF DEATH.

C91305

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1617 Ruxton avenue, ST. 15 WARD)

REGISTERED No. C 91305

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Charlotte Schuh,

(Residence in Baltimore: No. 1617 Ruxton avenue, St.; yrs., 3 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Single,

6-DATE OF BIRTH, October (Month) 5th (Day), 1915. (Year)

7-AGE, 0 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles N. Schuh,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Pearl V. Smith,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles N. Schuh, father,

(Address) 1617 Ruxton avenue,

15- Filed JAN 17 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 15th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to. her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia from aspiration of food into the larynx and trachea during sleep. (Accidental)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Regurgitation of food,

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Kemp, M. D.
(Coroner.)

Jan. 16th 191 6 (Address) 3310 N. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan. 17, 1916.

20-UNDERTAKER Robert J Turner — ADDRESS 1490 Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 [illegible]

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2439 Maryland Ave. ST. 12 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Isabella A Taylor

(Residence in Baltimore: No. 2439 Maryland Ave

St.: 74 yrs. 7 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: May (Month) 25 (Day), 1841 (Year)

7 AGE: 74 yrs. 7 mos. 22 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Charles Sisco

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ann Harper

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. M. Settle

(Address) 2435 Maryland Ave

15.

Filed Jan 17, 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 15 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1911, to January 15, 1916, that I saw her alive on January 15, 1916, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(Duration) 5 yrs. ... mos. ... ds

Contributory (SECONDARY) Cerebral Thrombosis

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Geo. M. Settle M. D.

Jan. 15, 1916 (Address) 2435 Md. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Jan 15, 1916

20 UNDERTAKER: W. M. Coulson ADDRESS: 230 N. Gren

C01307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C01307

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 19 Hughes St ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Brown

(Residence in Baltimore: No. 19 W Hughes St St.: yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Dec 6 (Month) (Day) 1895 (Year)

7-AGE,	If LESS than 1 day,
43 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver 622
(b) General nature of industry, business, or establishment in which employed (or employer): Ice Wagon

9-BIRTHPLACE, (State or Country): Delaware

PARENTS.

10-NAME OF FATHER, William Brown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M Doyle

(Address) 15 E Lee St

15- Filed JAN 17 1916. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. Sudden mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ds.

(Signed) Edward [illegible] (Coroner.) M. D.

Jan 16, 1916. (Address) 617 Scott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Jan 17, 1916
20-UNDERTAKER M Doyle & Son	ADDRESS 15 E Lee St

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PRINTING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91308

CERTIFICATE OF DEATH.

120 C91308

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N Peter ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Linsenmeyer

(Residence in Baltimore: No. 709 N Peter St.; 62 yrs., 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Aug. 27, 1845 (Month) (Day) (Year)

7-AGE, 70 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Spinner Silk 333
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R R

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Linsenmeyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaretha Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Linsenmeyer

(Address) 709 N. Peter st

15-JAN 17 1916 ROBERT J. KRAUTER, Filed.....191..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 14, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Jan 14 1916, that I saw h[illegible] alive on Jan 14 1916, and that death occurred, on the date stated above, at 7.45 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Apoplexy

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ....yrs. 2 mos. ....ds.

(Signed) W. C. McKenzie M. D.

Jan 16, 191... (Address) 682 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Jan. 18, 1916.

20-UNDERTAKER Jos Jordan & Son ADDRESS 217 S. Pen

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Beatrice E. Brohawn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91309

CERTIFICATE OF DEATH.

103 C91309

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4203 Euclid Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Elizabeth Brohawn

(Residence in Baltimore: No. 4203 Euclid Ave St.; ...yrs., mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, ... Jan (Month) 3 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), City Balto.

PARENTS.

10-NAME OF FATHER, Frank E Brohawn

11-BIRTHPLACE OF FATHER (State or Country), City Balto

12-MAIDEN NAME OF MOTHER Magdalena Bauer

13-BIRTHPLACE OF MOTHER (State or Country), City Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Bauer

(Address) 4203 Euclid Ave

15- JAN 17 1916 ROBERT J. KRAUTER Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 16 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1916, to Jan 16 1916, that I saw h[illegible] alive on Jan 16 1916, and that death occurred, on the date stated above, at 8:20 a m.

The CAUSE OF DEATH* was as follows:

Obstruction of Pylorus

..... (Duration)...yrs...mos. 13 ds.

CONTRIBUTORY (Secondary)

..... (Duration)...yrs...mos...ds.

(Signed) Dan'l F. Fellows M. D.

Jan 17, 1916. (Address) 20 W Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Jan 17, 1916

20-UNDERTAKER F. B. Carpenter — ADDRESS 2238 Fred Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91310

CERTIFICATE OF DEATH.

10 C91310

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 E Madison ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry P. Booz

(Residence in Baltimore: No. 1230 E Madison St.; 78 yrs., 2 mos. 2 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, November 13, 1837. (Month) (Day) (Year)

7-AGE, 78 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Boaz Ship yard

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, Benjamin Boaz

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jennie A Booz

(Address) 1230 E Madison

15- Filed JAN 17 1916 191... ROBERT . KRAUTER, BURIAL PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 15, 1916. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 8 1916 to January 15 1916, that I saw him alive on January 15 1916, and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 7 ds.

(Signed) Alan B. Kennan M. D.

Jan 17 1916 191... (Address) 718 N Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Jan 18th 1916.

20-UNDERTAKER George Schilling & Son — ADDRESS 1142 Monument st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91311

CERTIFICATE OF DEATH.

79 C91311

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 S. Patterson Pk Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna T. Schroedl.

(Residence in Baltimore: No. 16 S Patterson Pk Ave St.; 54 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Jan (Month) 31 (Day), 1836 (Year)

7-AGE, 79 yrs. 11 mos. 16 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, ... Muehlhan

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER ..... Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Othello A Schroedl

(Address)..... 16 S Patterson Pk Ave

15- Filed JAN 17 1916, 191... DEPUTY REGISTER, Vital Records Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1916, to Jan 16 1916, that I saw her alive on Jan 16 1916, and that death occurred, on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Oedema

.....

..... (Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

..... (Duration) 2 yrs. ... mos. ... ds.

(Signed) Fred A Schantz M. D.

June 16, 191.6 (Address) 2505 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	June 18, 191.6
20-UNDERTAKER	ADDRESS
Wm A Rohde Son	730 Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91312

CERTIFICATE OF DEATH.

28 C91312

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Aisquith ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry. R. Breuning

(Residence in Baltimore: No. 1526 Aisquith St. St.: 41 yrs., 1 mos. 12 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 3rd, 1874 (Month) (Day) (Year)

7-AGE, 41 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Life Insurance Collecting
(b) General nature of industry, business, or establishment in which employed (or employer)..... Agent

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Marcus Breuning

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Catherine L Rosemer

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mamie E. Breuning

(Address) 1526 Aisquith St.

15- JAN 17 1916 ROBERT . KRAUTER

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1916, to Jan 15 1916, that I saw h[illegible] alive on Jan 14 1916, and that death occurred, on the date stated above, at 1 05 p.m.

The CAUSE OF DEATH* was as follows:

Myocardites

..... (Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr Bernard Duhl M. D.

1-15, 1916 (Address) 914 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Jan. 18, 1916

20-UNDERTAKER Henry Hoerle Sons

ADDRESS 1301 E Eager

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91313 C91313 28

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 N East ave St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Nordling

(Residence in Baltimore: No. 1042 N East Ave. St.; 4 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) Nov. (Day) 2 nd (Year) 1874

7-AGE,	If LESS than 1 day,
40 yrs. 2 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)..... on boat

9-BIRTHPLACE, (State or Country), Sweden

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Evelyn Nordling

(Address) 142 N East Ave

15- Filed JAN 17 1916, 191... ROBERT F. KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan. 14th (Day), 191 6 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/14/16 191..., to 1/14/16 191..., that I saw h.....alive on 1/14/16 191..., and that death occurred, on the date stated above, at 9 p.m.

The CAUSE OF DEATH* was as follows:

Phthisis Tuberculosis

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Malnutrition

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Frederick H. Hergenham M.D.

1/16/16 191... (Address) 2919 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	Jan. 17, 191 6
20-UNDERTAKER	ADDRESS
John A Moran & Son	Branch

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91314 C91314

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2837 Huntingdon Ave ST.; 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara L. Leede

(Residence in Baltimore: No. 2837 Huntingdon Ave St.; 20 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feby 14, 1879 (Month) (Day) (Year)

7-AGE, 36 yrs. 11 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, George T Digler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Miller

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine R Digler

(Address) 2725 Huntington Ave

15-

Filed JAN 17 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1915, to Jan 15 1916, that I saw her alive on Jan 15 1916, and that death occurred, on the date stated above, at 130 P m.

The CAUSE OF DEATH* was as follows:

Status Lymphaticus Leukaemia

(Duration) yrs. 9 mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion from

Influenza (Duration) yrs. 3 mos. ds.

(Signed) Chas B Norment M. D.

Jan 16, 1916 (Address) 3347 Gwynn Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan 19, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

N.B.—Completion of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91315

CERTIFICATE OF DEATH.

91 C91315

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 St Paul ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walburga Roedel.

(Residence in Baltimore: No. 2827 St Paul St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Oct. 16th, 1819
(Month) (Day) (Year)

7-AGE, 96 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michael Fundaser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Louise Menchen

(Address) 2827 St Paul St

15- Filed JAN 17 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 16th, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 7 1916, to Jan. 16th 1916, that I saw her alive on July 15 1916, and that death occurred, on the date stated above, at 12 1/2 A.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) Wm. Krauter M. D.

July 16th, 1916 (Address) 1228 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Jan. 18th, 191.6

20-UNDERTAKER, Mr. Mr. John H. Deufel ADDRESS 601 W. Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91316

CERTIFICATE OF DEATH.

89 C91316

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 N. Broadway, ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachela Vitale

(Residence in Baltimore: No. 1107 N. Broadway, St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, October 14, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Gaetano Vitale

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosina Giunta

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gaetano Vitale

(Address) 1107 N Broadway

15- Filed JAN 17 1916 191 ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 16, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14 191 6, to Jan 16 191 6, that I saw h.. alive on Jan 16 191 6, and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

acute Bronchitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

Jan 15, 191 6 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, Jan 17 191 6

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

C91317

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91317

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Jefferson ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Pelliesat

(Residence in Baltimore: No. 2501 Jefferson St.; 57 yrs. 5 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH July 27th 1858
(Month) (Day) (Year)

7-AGE 60 yrs. 5 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cigar maker 34 yrs
(b) General nature of industry, business, or establishment in which employed (or employer): Factory

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Julius Pelliesat

11-BIRTHPLACE OF FATHER (State or country): Prussia

12-MAIDEN NAME OF MOTHER: Elizabeth Dressler

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rose Pelliesat

(Address) 2501 Jefferson St.

15- JAN 17 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Filed ....., 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan. 15, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1915, to, Jan 14 1916, that I saw h[illegible] alive on Jan 14 1916, and that death occurred, on the date stated above, at 12.40 Am.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) 2 yrs mos ds.

Contributory (SECONDARY) Oedema of the Lungs

(Duration) yrs mos. 12 hrs

(Signed), Robert J. Green M. D.

Jan. 15 1916. [Address] 120½ Biddle St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Trinity Cemetery — DATE OF BURIAL: Jan. 17, 1916

20-UNDERTAKER: Lilly Gilet — ADDRESS: 703 N. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[illegible] INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91318

CERTIFICATE OF DEATH.

91 C91318

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 W. Mulberry ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Curtin

(Residence in Baltimore: No. 875 Hollins St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) Aug. 31 (Day), 1851 (Year)

7-AGE, 64 yrs. 4 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Housework.

9-BIRTHPLACE, (State or Country) Ireland.

PARENTS.

10-NAME OF FATHER, Wm O'Donnell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Stack

13-BIRTHPLACE OF MOTHER (State or Country) Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Curtin

(Address) 875 Hollins St.

15-

Filed JAN 17 1916 ROBERT ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 9 1916, to Jan 16 1916, that I saw h[illegible] alive on Jan 15 1916, and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Organic Heart Disease (Duration) 3 yrs. mos. ds.

(Signed) Paul Brown M. D.

Jan. 16, 1916 (Address) 1837 Penna Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Jan 17 1916

20-UNDERTAKER John F. Swanston

ADDRESS 901 Hollins St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91319 HEALTH DEPARTMENT--CITY OF BALTIMORE 81 C91319

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 44 Williamson ST. 23 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James R. Harper

(Residence in Baltimore: No. 44 Williamson St.: 30 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December 14, 1850 (Month) (Day) (Year)

7-AGE: 65 yrs. 1 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter 28
(b) General nature of industry, business, or establishment in which employed (or employer): House.

9-BIRTHPLACE (State or country): Ft. County Md.

PARENTS

10-NAME OF FATHER: John Harper.

11-BIRTHPLACE OF FATHER (State or country): St Marys Co. Md.

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER (State or country): St. Marys Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Ada M. A. Dell

(Address): 44 Williamson St

15 Filed JAN 17 1916 ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 16th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15th, 1915, to Jan 16th 1916, that I saw him alive on Jan 15th, 1916, and that death occurred, on the date stated above, at 1 Am

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Pneumonia Duration 1 yrs. mos. ds

Contributory (SECONDARY) Valvular Disease Duration yrs. 1 mos. ds.

(Signed) Hugh B Dell M. D.

Jan 16, 1916. (Address) 1203 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Jan 18, 1916

20-UNDERTAKER: John H Howard & Son ADDRESS: 901 Hollins St

C91320

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C91320

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 713 Mc Henry St. ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Charles E. Emerson

(Residence in Baltimore: No. 713 Mc Henry St. St.; 56 yrs. 3 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	widower

6 DATE OF BIRTH September 15, 1859 (Month) (Day) (Year)

7 AGE 56 yrs. 3 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Fabaer 26
(b) General nature of industry, business, or establishment in which employed (or employer): Tin Packer.

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Edwin Emerson.

11 BIRTHPLACE OF FATHER (State or country): Alexander Va.

12 MAIDEN NAME OF MOTHER: Mary Dixon

13 BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George W. Emerson.

(Address) 713 Mc Henry St.

JAN 17 1916 Filed 791

ROBERT . REUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan (Month) 16 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1916 to Jan 16 1916 that I saw h[illegible] alive on Jan 16, 1916 and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Bright disease

(Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY) Uraemia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Joseph E. Mum M. D.

Jan 17, 1916 (Address) 1520 Hollins.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem.	Jan 18, 1916

20 UNDERTAKER John Cowan Son ADDRESS 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks. Inf of Louis + Adeline Lolli

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C91321 151 C91321

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 W Lomb St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Nos. 18.)

2-FULL NAME Infant of Louis Lolli

(Residence in Baltimore: No. 1103 W Lombard St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Jan 15th, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.
If LESS than 1 day, 4 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Louis Lolli

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Adelina Candeloro

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Lolli

(Address) 1103 W. Lombard

15-JAN 17 1916 ROBERT J. KRAUTER, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 15th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 191 . to 191 .

that I saw him alive on Jan 15th 1916

and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Chas. Tenty M. D.

Jan 15 1916 (Address) 210 Park st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 17, 1916

20-UNDERTAKER John Herman & Son — ADDRESS 901 Collins Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91322

CERTIFICATE OF DEATH.

119 C91322

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 S. Luzerne ST. Libert WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Horseman

Residence in Baltimore: No. 727 S. Luzerne St.: 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED,~~ Married (Write the word.)

6-DATE OF BIRTH, ... January ....., 1869
(Month) (Day) (Year)

7-AGE, ... 47 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Fetshpach

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Geo W Horseman .....

(Address) ..... 727 S Luzerne St .....

15- JAN 17 1916 LUBARI . GRAUTAN Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January ..... 15 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1915, to Jan 15 1916, that I saw her alive on Jan 15 1916, and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

..... Acute Nephritis .....

..... Uraemia .....

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Intestinal Ad

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) A. H. Broadrup M. D.

Jan. 16., 1916 (Address) 5 E. Pattersn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dale Lawn Cemetery

DATE OF BURIAL, JAN 18 1916, 191..

20-UNDERTAKER Geo. A. Gerber

ADDRESS Balto Hayes 176

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91323 C91323

CERTIFICATE OF DEATH.

81 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 N Mount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry A. Claus

(Residence in Baltimore: No. 22 N. Mount. St.; 69 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widower

6-DATE OF BIRTH, Not Known (Month) (Day) (Year)

7-AGE, 81 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 37 Y
(b) General nature of industry, business, or establishment in which employed (or employer): Car Builder

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Claus

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Nellie Claus

(Address) 22 N Mount St

15- Filed JAN 17 1916 ROBERT . KRAUTH Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 13th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1914, to Jan 13th 1916, that I saw h~~im~~ alive on Jan 13 1916, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. ? mos. ? ds.

(Signed) J. Hampleman M. D.

Jan 14, 1916 (Address) 22 N Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, JAN 17 1916

20-UNDERTAKER Geo. A. Gerby

ADDRESS Eastern Ave

I. C.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Anna Friedlander

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91324

C91324

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Friedlander

(Residence in Baltimore: No. 121 N. Bond St.; 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH Unkn (Month) (Day) 1886 (Year)

7-AGE, 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Simon Prince

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Esther Zins

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1419 E Balto St

15- Filed JAN 17 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 14 1915, to Jan. 17, 1916, that I saw her alive on Jan. 17, 1916, and that death occurred, on the date stated above, at 3.25 a.m.

The CAUSE OF DEATH* was as follows:

Ulcer of Stomach

(Duration) 1 yrs. 6 mos. 5 ds.

CONTRIBUTORY (Secondary) Perforation with peritonitis

(Duration) — yrs. 3 mos. — ds.

(Signed) M B Levine M. D.

1/17, 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death — yrs. 3 mos. — ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at home - 121 N. Bond

Former or usual residence 121 N. Bond.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd

DATE OF BURIAL, 1/17, 191.6

20-UNDERTAKER Jack Lewis

ADDRESS 1419 E Balt

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91325

C91325

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hos ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Celia Allison.

(Residence in Baltimore: No. 2510 W.c Cullough St.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White.	Single.

6-DATE OF BIRTH, Unknown, 1883
(Month) (Day) (Year)

7-AGE, 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dry Goods Sls
(b) General nature of industry, business, or establishment in which employed (or employer): Retail Dry Goods Store

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Lewis

(Address) 1414 E. Balto St

15- JAN 17 1916 Filed ....., 191.....

ROBERT J. KRAUTHOFF, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 16., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11 1916, to Jan. 16 1916, that I saw h.r alive on Jan. 16 1916, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute toxic nephritis

Chronic interstitial nephritis

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Pres. Operative Shock

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C. W. Mitchell M. D.

Jan. 16, 1916 (Address) 1414 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ? mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2510 W.c Cullough St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Belair Road	1/17, 1916
20-UNDERTAKER	**ADDRESS**
Jack Lewis	1414 E Balto St

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91326

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Dr Shields

(Residence in Baltimore: No. 521 North Eden St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, January (Month) 12 (Day), 1916 (Year)

7-AGE, yrs. mos. 1 da.

If LESS than 1 day, 13 hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Dr Shields

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Annie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Murray Jr MD

(Address) Johns Hopkins Hospital

15- Filed JAN 17 1916, 191.. ROBERT GREENE SPRUILL, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 13 1916, that I saw her alive on Jan 12 1916, and that death occurred, on the date stated above, at 2 PM m.

The CAUSE OF DEATH* was as follows:

Prematurity - 9 months

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis Congenital

(Duration) yrs. mos. ds.

(Signed) John G. Murray Jr M. D.

Jan 13, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL.	JAN 18 1916, 191..
20-UNDERTAKER	ADDRESS
Commissioner of Health.	

FOR ANATOMICAL PURPOSES.

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

091327 091327

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 Vine ST.; 4 WARD) REGISTERED NO. C 4152

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Raisin

(Residence in Baltimore: No. 641 Vine St. St.: —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single.

6-DATE OF BIRTH, 1 — 12 (Month) (Day), 1916 (Year)

7-AGE, —yrs. —mos. —ds.

If LESS than 1 day, —hrs. or 15 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Samuel Raisin

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Gertrude Reed.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- Filed JAN 17 1916 191... ROBERT J. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 — 16 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-16 1916, to 1-16 1916, that I saw h alive on 1-16 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) —yrs. —mos. —ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) —yrs. —mos. —ds.

(Signed) P. L. Rusk M. D.

1-16 1916. (Address) Union Hall

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death —yrs. —mos. —ds. In the State —yrs. —mos. —ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 641 Vine St

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. JAN 15 1916 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES

N.B.—CARE in the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91328

CERTIFICATE OF DEATH.

29 C91328

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Estep

(Residence in Baltimore: No. 349 Preston St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	Black	Single

6-DATE OF BIRTH, May 4, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Arthur Estep

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Lillian Bordley

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed JAN 17 1916, 191. ROBERT . KRAUTER, Registrar. Commissioner of Health.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 30 1915, to January 10 1916, that I saw h alive on January 10 1916, and that death occurred, on the date stated above, at 11 30 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis - Miliary

..... (Duration) ..... yrs. 1/ mos. ..... ds.

CONTRIBUTORY (Secondary) Rickets

..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Gilbert V. Rosenthal M. D.

Jan. 11, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 349 Preston St

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL DATE OF BURIAL, JAN. 14 1916

20-UNDERTAKER ..... ADDRESS .....

FOR ANATOMICAL PURPOSES.

NOTE.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91329

CERTIFICATE OF DEATH.

151

C91329

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 S. Eden ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Malenco

(Residence in Baltimore: No. 421 S. Eden St.; ....yrs., ...mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 12th (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: In fant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Louis Malenco

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Anna Tana

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Malenco

(Address) 421 S. Eden st.

15- JAN 17 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 16th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw h.... alive on ....191....,
and that death occurred, on the date stated above, at 12:15 P.M.
The CAUSE OF DEATH* was as follows:

.....
.....
Premature Birth
..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ....yrs. ....mos. ....ds.

(Signed) .....M. D.
....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Dennis — DATE OF BURIAL, Jan. 17th, 191.6

20-UNDERTAKER Rudell Lippelson — ADDRESS 330 S. Bond

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state plainly. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91330

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 10 C91330

CITY OF BALTIMORE (No. 521 N. Fremont ST.: 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa M. Miller

(Residence in Baltimore: No. 521 N. Fremont St.: 44 yrs. — mos. 17 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec. 29, 1871 (Month) (Day) (Year)

7-AGE: 44 yrs. — mos. 17 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto.= Md.

PARENTS

10-NAME OF FATHER: John Geis

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Miller

(Address) 521 N. Fremont

15. JAN 17 1916 ROBERT J. KRAUSE Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 15, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1916, to Jan. 15 1916.
that I saw h.. alive on Jan 15, 1916.
and that death occurred, on the date stated above, at 10:52 Am.
The CAUSE OF DEATH* was as follows:

Acute Interstitial Nephritis (Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) La Grippe (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) G. A. Thiede, M. D.

Jan. 16, 1916 (Address) 530 W Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: Jan 18, 1916

20-UNDERTAKER: Geo. W. Little — ADDRESS: 531 N. Fremont Ave

Spec.—5-19-13—M. & T.—500 Bks.

Rebecca Waller.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C91324 C91331

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 N. Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Waller

(Residence in Baltimore: No. 318 N Gilmor St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1 ..... (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Kingwilliam Co. Va.

PARENTS.

10-NAME OF FATHER, Rev. Samuel Dabney.

11-BIRTHPLACE OF FATHER (State or Country), Kingwilliam Co.

12-MAIDEN NAME OF MOTHER Mary Page Sherman

13-BIRTHPLACE OF MOTHER (State or Country), Kingwilliam Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Clara Poole

(Address) 316 N. Gilmor St.

15- JAN 17 1916 ROBERT , KRAUTER
Filed ....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 14 (Month) ..... Jan (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 14 1916, that I saw her alive on Jan 14 1916, and that death occurred, on the date stated above, at 6.15 P.m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia (Lobar)

.....

.....

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) ..... Stomach Trouble

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) ..... M. D.

Jan 15 191.. (Address) 712 S. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Zion Cemetery

DATE OF BURIAL, Jan 18th, 1916

20-UNDERTAKER Felix B. Pye.

ADDRESS 1028 Mulberry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91332 10 C91332

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1222 Druid Hill Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Jones

(Residence in Baltimore: No. 1222 Druid Hill Ave St., 40 yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1844 (Year)

7-AGE. Years 72 yrs. ~ mos. ~ ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country). Maryland

PARENTS:
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country). Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. A. Jones

(Address) 1222 Druid Hill Ave

Filed JAN 17 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) 1 (Day) 15 (Year) 1916.

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1916, to Jan 15 1916, that I saw her alive on Jan 15 1916, and that death occurred, on the date stated above, at 6 h. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. .... mos. 8 ds.

CONTRIBUTORY (Secondary) Cute Pericarditis

(Duration) yrs. .... mos. 3 ds.

(Signed) R. G. Arundell M. D.

Jan 16, 1916. (Address) 1534 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Druids Hill — DATE OF BURIAL, Jan 17, 1916

20-UNDERTAKER Hurt Bros & Co — ADDRESS 407 N Howard

Spec.—8-24-14—M. & T.—2000 Bks.

C91333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61 C91333

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Parker.

(Residence in Baltimore: No. 894 Booth St. St.: 15 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1886 (Year)

7-AGE, 30 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Hod Carrier

9-BIRTHPLACE, (State or Country). Calvert Co Md

PARENTS.

10-NAME OF FATHER. Joseph Parker

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Custer

(Address) 911 E. Division St.

15- Filed JAN 17 1916, 191... ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 14th 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 7th 1916, to Jan. 14th 1916, that I saw h[im] alive on Jan. 14th 1916, and that death occurred, on the date stated above, at 3.10 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema;
Pulmonary Tuberculosis

(Duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Senile Dementia

(Duration) yrs. mos. 8 da.

(Signed) Frank E. Shipley M. D.

Jan. 14th, 1916 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 7 da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death? ?

Former or usual residence 894 Booth St

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Jan. 17, 1916

20-UNDERTAKER Elmer H. Dimer — ADDRESS 1303 Preston

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. AGE should be carefully supplied. Exact statement of OCCUPATION is very properly classified. Exact statement of information should be carefully supplied.

C91334

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

CERTIFICATE OF DEATH.

C91334

PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 1323 Presstman street, ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Hillen,

(Residence in Baltimore: No. 1323 Presstman street, St.; 4 yrs., mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH. August (Month) 19th (Day), 1915. (Year)

7-AGE. 0 yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Millard E. Hillen,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Melvina Quenn,

13-BIRTHPLACE OF MOTHER (State or Country). Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Millard E. Hillen, father,

(Address) 1323 Presstman street.

15- FILED JAN 17 1916 ROBERT J. KRAUTH, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 13th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,
((non sequela exanthemae.))
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....
(Duration) ....yrs. ....mos. ....ds.

(Signed) F. Frederick Kempel M. D.
(Coroner.)

Jan. 15th 1916. (Address) 2310 N. North Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion Cemetery,	Jan. 17, 1916.
20-UNDERTAKER James H. Dennis	ADDRESS 1303 Presstman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91335

C91335

CERTIFICATE OF DEATH.

10

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1949 W. North ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leopold A. Rose

(Residence in Baltimore: No. 1949 W. North ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 22, 1848 (Month) (Day) (Year)

7-AGE, 67 yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work Cigar manufactor

(b) General nature of industry, business, or establishment in which employed (or employer) Owner of Business

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Abraham Rase

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob L. Rase

(Address) 1702 W. North ave

15- Filed JAN 17 1916 ROBERT J. BRAUER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1913 to Jan 16 1916, that I saw him alive on Jan 16 1915, and that death occurred, on the date stated above, at 9 10 m.

The CAUSE OF DEATH* was as follows:

Arterial sclerosis

(Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Pneumonia

(Duration) yrs. mos. 10 ds.

(Signed) Edmund Blackwell M. D.

Jan 16, 1916 (Address) 218 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship DATE OF BURIAL, Jan. 18., 1916.

20-UNDERTAKER Gahrens & E. ADDRESS 1641 Mad ave

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C91336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 C91336

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 E Clement ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline L Stone

(Residence in Baltimore: No. 109 E Clement St.: 67 yrs. 9 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Mar 28 (Month) (Day), 1848 (Year)

7-AGE, 67 yrs. 9 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): housework

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Louis Conrad

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anne Smith

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lepp

(Address) 125 E Clement

15- JAN 17 1916 ROBERT . KRAUTER, Registrar.
Filed....., 191.... Burial Permit Issued.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 16 1916, that I saw her alive on Jan 16 1916, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Pain

..... (Duration) ....yrs. ....mos. 6 ds.

(Signed) Wm E Stifler M. D.

1/17, 1916. (Address) 1319 Light

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	1/19, 1916
20-UNDERTAKER	ADDRESS
J. Fenw McCully	39 E Fort

N. B.—Every question on this certificate must be answered, or the Certificate will be returned for correction. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20 C91337

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Visitation Convent ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sr. Mary Thecla Mac Donald

(Residence in Baltimore: No. Park Ave. & Centre St.: 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): S.

6-DATE OF BIRTH, February 17, 1837
(Month) (Day) (Year)

7-AGE, 77 yrs. 11 mos. 3 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Religious 78
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Pennsylvania

PARENTS.

10-NAME OF FATHER: Emil Joseph MacDonald

11-BIRTHPLACE OF FATHER (State or Country): Ga.

12-MAIDEN NAME OF MOTHER: Frances Gibson

13-BIRTHPLACE OF MOTHER (State or Country): Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr. M. Placida Wallace

(Address) Visitation Convent

15- JAN 17 1916 HARRY O. ANDERSON,
Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 191... to Jan 17 191...,
that I saw h... alive on Jan 17 191...,
and that death occurred, on the date stated above, at 4.25 m.
The CAUSE OF DEATH* was as follows:

1 Cerebral Embolism
2
3
(Duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Contributory

(Duration) yrs. mos. ds.

(Signed) Father Confessor M. D.

Jan 17, 191... (Address) Visitation Convent

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death 30 yrs. mos. ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? Visitation Convent

Former or usual residence Visitation Convent

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Jan 18, 1916.

20-UNDERTAKER: Henry Watkins Sons Co — ADDRESS: Baltimore St.

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. AGE should be stated in years, months and days if under one year. Exact statement of OCCUPATION is very properly classified.

C91338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

39

REGISTERED No. C 91338

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3104 W. North Ave. ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME M. Howard Mettee (Mettee)

(Residence in Baltimore: No. 3104 West North Ave St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH March 23 1877
January 16, 1916
(Month) (Day) (Year)

7-AGE 58 yrs. 9 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION 655
(a) Trade, profession, or particular kind of work Art: Interne Dramatic
(b) General nature of industry, business, or establishment in which employed (or employer) Arg Papers & paints Proprietor

9-BIRTHPLACE (State or country) Balto

PARENTS

10-NAME OF FATHER Milton D. Mettee

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Elza Howard

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Frances C. Mettee

(Address) 3104 W. North Ave

15. Filed JAN 17 1916 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January 16, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 2, 1915 to Jany 15 1916 that I saw h in alive on January 15. 1916. and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Pearl forming Epithelioma of
Rt Maxillary Region

(Duration) — yrs. 3 mos. — ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jas. F. Loudon M. D.

1/17, 1916. (Address) 400 Edmondson Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jany 18. 1916

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 120 N. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

C91339

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91339

CERTIFICATE OF DEATH.

130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 W. Lee ST.; 22 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Stone

(Residence in Baltimore: No. 108 W. Lee st. St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, April (Month) 5th (Day), 1842 (Year)

7-AGE, 73 yrs. 10 mos. 11 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 700
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Fire Dept) Fireman

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm. Stones

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Margaret Ainslie

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Maggie Lee

(Address) 108 W. Lee st.

15-

Filed JAN 17 1916 HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1915, to Jan 16 1916, that I saw him alive on Jan 14 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. 5 mos. ..... ds.

(Signed) ..... M. D.

Jan 16, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Balto Cemtery

DATE OF BURIAL. Jan 18.. 1916

20-UNDERTAKER F. A. Krause

ADDRESS 703 Hanover

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 C91340

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 W. Mulberry ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl G. Shields

(Residence in Baltimore: No. 1106 W. Mulberry St.; Life yrs. mos. da.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very properly classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 13 (Day), 1913 (Year)

7-AGE, 2 yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, James B. Shields

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Annie E. Davis

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James B. Shields

(Address) 1106 W. Mulberry

15-

Filed JAN 17 1916, 191... HARRY O. ARLEARS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 9 1916, to Jan 16 1916, that I saw h[illegible] alive on Jan 14 1916, and that death occurred, on the date stated above, at 11[illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumour

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) yrs. mos. 3 ds.

(Signed) F. N. Icaume M. D.

Jan 16, 1916 (Address) 317 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Jan 18, 1916

20-UNDERTAKER F. A. Krauss

ADDRESS 703 Hanover

(91341

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 (91341

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1124 McCulloh ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary E. Dunnett

(Residence in Baltimore: No. 1124 McCulloh St.; 75 yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE white | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Feb 2, 1837 (Month) (Day) (Year)

7 AGE 76 yrs. 4 mos. 14 ds. | If LESS than 1 day, ... hrs. or —— min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Seamstress Keeps House
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ireland

PARENTS

10 NAME OF FATHER David Dunnett

11 BIRTHPLACE OF FATHER (State or country) Scotland

12 MAIDEN NAME OF MOTHER Kate Hall

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. W. Dunnett

(Address) 1124 McCulloh

JAN 17 1916

Filed ....., 191 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jany 16, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 10, 1916, to Jany 16 1916, that I saw h— alive on Jany 16, 1916, and that death occurred, on the date stated above, at 8:10 a.m.

The CAUSE OF DEATH* was as follows:

La grippe

(Duration) — yrs. — mos. 10 ds

Contributory (SECONDARY) acute Bronchitis

(Duration) — yrs. — mos. 10 ds.

(Signed) Geo Lane Tunnyhill M. D.

Jany 17, 1916. (Address) 1163 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Greenmount Cem

DATE OF BURIAL Jan 18, 1916

20 UNDERTAKER Colin E. Franck

ADDRESS 807 Madison av

Question Dat

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C91342

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C91342

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3028 Walbrook Ave., ST.; 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Taylor,

(Residence in Baltimore: No. 3028 Walbrook Ave., St.; 16 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: May (Month) 20 (Day), 1831 (Year)

7-AGE: 84 yrs. 7 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Benj. Kelly

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. W.B.Crosby

(Address) 3028 Walbrook Ave.,

JAN 17 1916

Filed ....., 191.... HARRY O. ANDREWS

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1916. to. Jan 16 1916. that I saw h~~e~~ alive on Jan 15, 1916. and that death occurred, on the date stated above, at 8-a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Uraemia

(Duration) yrs. mos. ds.

(Signed) Jno Fetterhoff M. D.

Jan, 191 6 (Address) 204 E Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Quantico Md

DATE OF BURIAL: Jan 18 1916

20-UNDERTAKER: Chas E Fonerck

ADDRESS: 807 Madison Av

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD—WRITE WITH UNFADING INK

Spec.—8-24-14—M. & T.—2000 Bks.

C91343

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91343

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Cathedral ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Retton Rice

(Residence in Baltimore: No. 920 Cathedral St.; 3 yrs., ... mos. ..... ds.)

CAUSE OF DEATH must be stated EXACTLY. PHYSICIANS should state plainly. AGE should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	married

6-DATE OF BIRTH, December 15, 1863
(Month) (Day) (Year)

7-AGE, 52 yrs. 1 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lady
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Quincy Ill

PARENTS.

10-NAME OF FATHER, Theodore W. Retton

11-BIRTHPLACE OF FATHER (State or Country), Chicago Ill

12-MAIDEN NAME OF MOTHER, Mary C. Field

13-BIRTHPLACE OF MOTHER (State or Country), Chicago Ill.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Elizabeth Rice

(Address) 920 Cathedral St.

15-JAN 17 1916 MARRY O. ANDREWS,
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 16, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 16 1916, that I saw h[illegible] alive on Jan 16 1916, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) W. E. Lighthart M. D.

Jan 17, 191.6 (Address) 1208 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Chicago Ill.	Jany 18, 191.6

20-UNDERTAKER Henry H. Kriete & Sons ADDRESS Carlton & Orchard Sts

Spec.—8-24-14—M. & T.—2000 Bks.

C91344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1479

C91344

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Argyle Avenue ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Callahan

(Residence in Baltimore: No. 1500 Argyle Avenue St.; 70 yrs., — mos. — ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, December 15 (Month) (Day), 1844 (Year)

7-AGE, 71 yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): County Cork Ireland

PARENTS.

10-NAME OF FATHER, Richard Ryan

11-BIRTHPLACE OF FATHER (State or Country), County Cork Ireland

12-MAIDEN NAME OF MOTHER Mary Burke

13-BIRTHPLACE OF MOTHER (State or Country), County Cork Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Kennedy

(Address) 1500 Argyle avenue

15-

Filed JAN 17 1916, 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 14th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 11th 1915, to January 14th 1916, that I saw her alive on Jan 14th 1916, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Coma (Apoplexia) (or "Hypostatic")

(Duration) — yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebro Calculitis

(Duration) — yrs. — mos. 5 ds.

(Signed) J. M. F. Sullivan M. D.

Jan 15th 1916 (Address) 17 Old Eutaw Apts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Jan 18.. 1916

20-UNDERTAKER M. Fahey & Sons ADDRESS 600 Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91345

CERTIFICATE OF DEATH.

64 C91345

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2042 E. Lafayette Ave ST.; ..... 8 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia M. Frost.

(Residence in Baltimore: No. 2042 E Lafayette ave St.; — yrs., — mos. — da.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. AGE should be carefully supplied. Exact statement of OCCUPATION is very properly classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, Jan (Month) Unknown (Day) 1830 (Year)

7-AGE 85 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Helmling

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Mary Darbaugh

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos Frost

(Address) 2460 Hommendy Ave

15-

Filed JAN 17 1916, 191. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1916, to Jan 16 1916.

that I saw h[illegible] alive on Jan 15 1916.

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy, Hemiplegia

..... (Duration), ...yrs. .....mos. 3 da.

CONTRIBUTORY (Secondary) Arterio sclerosis

..... (Duration) — yrs. — mos. — da.

(Signed) Reginald F Tonry M. D.

Jan 17, 1916. (Address) 414 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Jan 18..., 1916

20-UNDERTAKER J. Falconer Sons — ADDRESS 406 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C91346 HEALTH DEPARTMENT—CITY OF BALTIMORE C91346

CERTIFICATE OF DEATH. 81

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2622 E Baltimore St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margarett A Schwartzhaupt

(Residence in Baltimore: No. 2622 E Baltimore St.; Life yrs., mos. ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Oct. 26" (Month) (Day), 1847 (Year)

7-AGE, 74 yrs. 2 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Balto.

PARENTS.

10-NAME OF FATHER, John Meier

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Annie Schuenack

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. A. Koelbich

(Address) 2622 E Balto St

15- Filed JAN 17 1916 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19 1915, to Jan 16 1916, that I saw her alive on Jan 15 1916, and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John T. Spickmall M. D.

Jan 16, 1916. (Address) 2112 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem

DATE OF BURIAL, 1-19-16, 191.6

20-UNDERTAKER Chas F. Crane & Son

ADDRESS 1110 Mt Royal Ave

Spec.—5-19-13—M. & T.—500 Bks.

C91347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

C91347

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1601 N. Calvert St. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Frances Thompson

(Residence in Baltimore: No. 1601 N. Calvert St. St.; 64 yrs., 1 mos. 22 ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, November 24, 1851, 1 (Month) (Day) (Year)

7-AGE, 64 yrs. 1 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): House Work

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Joseph R. Thompson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Rebecca D. Cooper

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss K. Louise Thompson

(Address) 1601 N. Calvert St.

15- JAN 17 1916 HENRY G. [illegible]
Filed ....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916; to Jan 16 1916, that I saw h[illegible] alive on Jan 16 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

[illegible] Coma
Chr. Interstitial Nephritis
(Duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) G. H. M[illegible] M. D.
Jan 17, 1916 (Address) 1415 [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ..., 191..
Greenmount Cemetery	19
20-UNDERTAKER Henry G. Meas Estate	ADDRESS 5 & 5 N. Calvert St

Spec.—8-24-14—M. & T.—2000 Blks.

C91348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

126 C91348

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. Edward D. Boone

(Residence in Baltimore: No. St. Ignatius Rectory, Calvert St. St.; 25 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Feb. 27, 1833 (Month) (Day) (Year)

7-AGE, 82 yrs. 10 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clergyman 755
(b) General nature of industry, business, or establishment in which employed (or employer): Clergy men

9-BIRTHPLACE, (State or Country), Washington D.C

PARENTS.

10-NAME OF FATHER, Geo. F. Boone

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C

12-MAIDEN NAME OF MOTHER, Louisa Ann Eakin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St.

15-JAN 17 1916 Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 16, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec. 27 1915, to Jan. 16 1916, that I saw him alive on Jan 16 1916, and that death occurred, on the date stated above, at 5.50 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Arthritis. Cellulitis

Pneumonia, Pleurisy, Chronic Cystitis (Duration) 10 Yrs. 1 Mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) 2 yrs. mos. ds.

(Signed) Edward A. Smith M. D.

Jan 16, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State 28 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? St. Ignatius Rectory

Former or usual residence St. Ignatius Rectory

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodstock, Md.	1/19/16, 191...
20-UNDERTAKER Henry W. Means & Son	ADDRESS 705 N. Calvert St.

Via. B. & O. R.R. — A.R. Means to accompany Remains

C91349

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91349

CERTIFICATE OF DEATH

REGISTERED NO. C 10

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1925 E. Hoffman ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert C. Knight

(Residence in Baltimore: No. 1925 E. Hoffman St.; 27 yrs. 6 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June 18 1888, 1888 (Month) (Day) (Year)

7-AGE: 27 yrs. 6 mos. 29 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): (Invalid)

9-BIRTHPLACE (State or country): Maryland Balto City

PARENTS

10-NAME OF FATHER: Upton Knight

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Jennie Roach

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank T. Knight

(Address) 936 Park Ave

15

JAN 17 1916

CLERK OF ANNUAL, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 16, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1915, to Jan 16, 1916, that I saw h... alive on Jan 16, 1916, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) ... yrs. ... mos. 22 ds

Contributory (SECONDARY) Arthemia

(Duration) ... yrs. ... mos. 5 ds

(Signed) William Francis M. D.

Jan 16, 1916 (Address) 1407 N Gay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Jan 18, 1916

20-UNDERTAKER: Jos. B Cook — ADDRESS: 1023 N Balto St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C91350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C91350

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 16 S. Fremont Ave. St.) 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Denny

(Residence in Baltimore: No. 16 S. Fremont Ave.) (Age 73 yrs., - mos. - ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug (Month) 2 (Day) 1838 (Year)

7-AGE, 77 yrs. 5 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Calvert Co. Md.

PARENTS.

10-NAME OF FATHER, George Diner

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph D. Denny

(Address) 16 S. Fremont St.

15-

Filed JAN 17 1916 191. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 16 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1914, to Jan 16 1916, that I saw h[illegible] alive on Jan 15 1916, and that death occurred, on the date stated above, at 4-30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Over (Duration), 2 yrs. - mos. - ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) - yrs. - mos. 16 ds.

(Signed) Hennessy Co. Coffee M. D.

Jan 16, 1916 (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet

DATE OF BURIAL, Jan 18, 1916

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 W Balto

C91351

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91351

CERTIFICATE OF DEATH

89

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 919 Arlington Ave — 16 WARD)

2-FULL NAME Sallie A. Moore

(Residence in Baltimore: No. 919 Arlington Ave St. 72 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5-CONDITION MARRIED WIDOWED DIVORCED (Write the word) Widowed

6-DATE OF BIRTH June 28, 1843 (Month) (Day) (Year)

7-AGE 72 yrs. 6 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION (a) Trade, profession, or particular kind of work: Housework (b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE (State or country) Harford Co. Md

PARENTS

10-NAME OF FATHER Wm. H. Guyton

11-BIRTHPLACE OF FATHER (State or country) Harford Co Md

12-MAIDEN NAME OF MOTHER Sallie Albert

13-BIRTHPLACE OF MOTHER (State or country) Harford Co Md

14-I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. John Bailey

(Address) 919 N Arlington Ave

15- JAN 17 1916 . 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jany. 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 3, 1916, to Jany 15, 1916, that I saw her alive on Jany 14, 1916, and that death occurred, on the date stated above, at 7.20 A m.

The CAUSE OF DEATH* was as follows:

Bronchitis, Asthma with Oedema of Lungs & Cardiac Dilatation (Duration) — yrs. — mos. 12 ds.

Contributory (SECONDARY) Cardiac Dilatation & Exhaustion (Duration) — yrs. — mos. 7 ds.

(Signed) Thomas J. Talbott M. D.

Jany 17, 1916 (Address) Marlboro Md

*State the Disease Causing Death, or, in deaths from Violence, state (1) Means or Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park

DATE OF BURIAL Jan 18, 1916

20-UNDERTAKER Joseph B Cook

ADDRESS 603 N. Balto St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C91352

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91352

CERTIFICATE OF DEATH.

8 91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1205 Chatham ST. 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma R. Bryor

(Residence in Baltimore: No. 1205 Chatham St.: 1 yrs., 4 mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, Sept 4, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto City Md

PARENTS.

10-NAME OF FATHER, James Cryor

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Emma Burney

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Cryor

(Address) 1205 Chatham St

15- Filed JAN 17 1916, 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Pneumonia Lobar

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) .... (Duration) .... yrs. .... mos. .... ds.

(Signed) .... (Coroner.) M. D.

Jan 17, 1916. (Address) ....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	Jan 19th 1916

20-UNDERTAKER Harry A. Fodery ADDRESS 1725 Orleans St

Spec.—5-19-13—M. & T.—500 Bks.

C91353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CITRANO

105

C91353

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 W. Barre ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Domenica Citrano

(Residence in Baltimore: No. 1019 W. Barre St.; 2 yrs., 10 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: March 5, 1913 (Month) (Day) (Year)

7-AGE: 2 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Angelo Citrano

11-BIRTHPLACE OF FATHER (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Maria Bonday

13-BIRTHPLACE OF MOTHER (State or Country): Wilmington Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Citrano (Mother)

(Address)

15- JAN 17 1916 MABEL C. RICHARDS, Registrar of Vital Statistics

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15, 1916, to Jan 16, 1916, that I saw h.e. alive on Jan. 16, 1916, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. (ds.

(Signed) Edw. Jacobs M. D.

Jan 17, 1916 (Address) 512 Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Jan 18 1916

UNDERTAKER: W. & W. G. Flynn

ADDRESS: 1412 E. Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C91354

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 S. Charles ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 10.)

2-FULL NAME Joseph Leroy Caulford

(Residence in Baltimore: No. 919 S. Charles St.; 5 yrs. 9 mos. 19 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX male

4-COLOR OR RACE white

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word) Single

6-DATE OF BIRTH Feb 28 1910 (Month) (Day) (Year)

7-AGE 5 yrs. 9 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work —— None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto. Md

PARENTS

10-NAME OF FATHER Joseph S. Caulford

11-BIRTHPLACE OF FATHER (State or country) Balto.

12-MAIDEN NAME OF MOTHER Katherine Brophy.

13-BIRTHPLACE OF MOTHER (State or country) Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katherine Caulford

(Address) 919 S. Charles St.

15- JAN 17 1916 REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1916, to, Jan 16 1916, that I saw him alive on Jan 16 1915, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

..... (Duration) ..... yrs ..... mos. 3 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed), F. Edward Lynch M. D.

1/17/16 ,191 [Address] 910 Light St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery | DATE OF BURIAL Jan 17 1916

20-UNDERTAKER H. J. McDermott Lynn | ADDRESS 1422 Eng Ave St

Spec.—5-19-13—M. & T.—500 Bks.

C91355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 92 C91355

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2655 Harlem Ave ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Williams

(Residence in Baltimore: No.) 2655 Harlem Ave St.; 43 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state AGE

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... (Month) June (Day) 6, (Year) 1873

7-AGE, ... yrs. 72 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Glass blower
(b) General nature of industry, business, or establishment in which employed (or employer)..... Schmertel

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, John Williams

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Cox

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Williams

(Address) 1102 Hanover St

15- JAN 17 1916

Filed....., 191.... HARRY G. ARMSTRONG,

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jany (Day) 16, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Jany 13 1916, to Jany 16 1916, that I saw h alive on Jany 16 1916, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Emanuel ..... M. D.

Jany 17, 191.. (Address) 105 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cemetery	Jan. 18., 191 6.
20-UNDERTAKER	ADDRESS
W. J. M. L. Flynn	1422 Eng. Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91356

CERTIFICATE OF DEATH.

28 C91356

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Monument Place St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jomudebert Neelsen

(Residence in Baltimore: No. 1029 Monument Place St.; 39 yrs., 11 mos. 8 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 8, 1876
(Month) (Day) (Year)

7-AGE, 39 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman 613
(b) General nature of industry, business, or establishment in which employed (or employer): Jewelry

9-BIRTHPLACE, (State or Country), Ellicott Balto.

PARENTS.

10-NAME OF FATHER, August F Neelsen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Louisa Meyer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alma Neelsen

(Address) 1029 Monument St

15- JAN 18 1916 ROBERT J. KRAUTH
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 16, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6 1915, to Jany 4 1916, that I saw him alive on Jany 4 1916, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) unknown yrs. mos. ds.

(Signed) Duncan Mac Calman M. D.

Jany 18, 1916. (Address) 18 W Madison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	....., 191...
20-UNDERTAKER	ADDRESS
A Brandfon	Walbrook

D McCalman
18 W Madison

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91357 — 92 C91357

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 224E 20th St.; 12 WARD)

2-FULL NAME Samuel W. Storm

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 224E 20th St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Dec. (Month) 23 (Day) 1835 (Year)

7-AGE: 80 yrs. mos. 21 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Expert Accountant. 96
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Sam'l Storm

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Rebecca Richardson

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B F Storm

(Address) Charlotte N.C.

15- Filed JAN 18 1916 191 ROBERT . KRAUSE Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 16 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1916, to, Jan 15th 1916, that I saw h-im alive on Jan 16th 1916, and that death occurred, on the date stated above, at 12.40 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar. (right lower.)

(Duration) — yrs — mos. 7 ds.

Contributory (SECONDARY): Arteriosclerosis Myocarditis

(Duration) — yrs — mos. uknown ds.

(Signed), L Corbin Street M. D.

Jan 17 1916 [Address] 712 Park Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Jan 18 1916

20-UNDERTAKER: Liston T. Fraser & Bro. — ADDRESS: 2620 St Paul

Mary E. Sheldon.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91358 — 79 — C91358

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2261 Gilmore ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Sheldon

(Residence in Baltimore: No. 2261 Gilmore St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: May (Month) 10 (Day) 1846 (Year)

7-AGE: 69 yrs. 8 mos. 5 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Griffith Welch

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mahoney

13-BIRTHPLACE OF MOTHER (State or country): "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret E Marsh

(Address) 2261 Gilmore

15- Filed JAN 18 1916, 191 — ROBERT . KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1915, to, Jan 15 1916, that I saw her alive on Jan 15 1916, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs 6 mos. ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) Wm A Cox M. D.

1-16, 191 6. [Address] Jervis & Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. — In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Forest Oakd Cem	Jan 18, 1916

20-UNDERTAKER: E Schumann & Son — ADDRESS: 1039 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91359 Hebrew CERTIFICATE OF DEATH. 120 C91359

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Home ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Leventhal

(Residence in Baltimore: No. Aisquith & Fayette St St.; 25 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1836 (Year)

7-AGE, 80 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Levin

(Address) 1419 E Balto St

15. JAN 18 1916 ROBERT . KRAUTER, Registrar.
Filed ....., 191.... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1915, to Jan 17 1916, that I saw her alive on Jan 17 1916, and that death occurred, on the date stated above, at 4.9 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic interstitial nephritis
(Duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocarditis
(Duration) yrs. 6 mos. ds.

(Signed) B.G. Nicholson M. D.

Jan. 18, 1916 (Address) 1420 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 9 mos. ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Hebrew Aged Home

19-PLACE OF BURIAL OR REMOVAL. Hebrew Mt Carmel

DATE OF BURIAL. 1/18, 191.6

20-UNDERTAKER Jacob Levin

ADDRESS E Balto St

Spec.—8-24-14—M. & T.—200m Blks.

C91360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C91360

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Myrtle ave ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. G. Minor

(Residence in Baltimore: No. 412 myrtle ave St.: 28 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	col	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1887 (Year)

7-AGE, 28 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook in 8th
(b) General nature of industry, business, or establishment in which employed (or employer): Boarding House

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William H. Galloway

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary E. Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Walker

(Address) 412 myrtle ave

15-

Filed JAN 18 1916, 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31st 1915, to Jany 17th 1916, that I saw h alive on Jany 14th 1916, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonalis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) Gustav Heinemann M. D.

1/17, 191... (Address) 1256 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Jan 18, 1916
20-UNDERTAKER John H Soaden	ADDRESS 14 Reed Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91361

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 N. Gilmor ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Gilmor

(Residence in Baltimore: No. 1219 N. Gilmor St.; 73 yrs., 11 mos. 2 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb. (Month) 15 (Day), 1842 (Year)

7-AGE,	If LESS than 1 day,
73 yrs. 11 mos. 2 da.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, John Green

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche Millate

(Address) 1219 N. Gilmor St.

15- FILED JAN 18 1916 ROBERT , KRAUTER Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1915, to Jan 17 1916, that I saw h.. alive on Jan 17 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Heart Disease

(Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) John D. Lemmon, M. D.

1-16-1916 (Address) 1507 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Louden Park DATE OF BURIAL, Jan 18. 1916

20-UNDERTAKER Josiah Lyfer ADDRESS 1600 W Lorraine

Spec.—8-24-14—M. & T.—2000 Bks.

Naomi H. Murphy.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91362

82 C91362

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Naomi Hoffman Murphy

(Residence in Baltimore: No. 2705 Fenwick Ave St.; 12 yrs., — mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, September (Month) 26 (Day), 1855 (Year)

7-AGE, 60 yrs. 3 mos. 22 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Mary Land.

PARENTS.

10-NAME OF FATHER, Charles E. Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Mary Land

12-MAIDEN NAME OF MOTHER Naomi S. Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel H. Murphy Jr

(Address) 3910 Cottage Ave

15- Filed JAN 18 1916, 191.. ROBERT ...RAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 17 1916, that I saw h[illegible] alive on Jan 17 1916, and that death occurred, on the date stated above, at 1.35 m.

The CAUSE OF DEATH* was as follows:

Gangrene of left lower extremity, due to thrombosis of femoral vessels

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Old age — [illegible]

(Duration) yrs. mos. ds.

(Signed) Walter L. Richards M. D.

Jan 17, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. five ds. In the State 60 yrs. 3 mos. 17 ds.

Where was disease contracted, if not at place of death? 2705 Fenwick Ave

Former or usual residence 2705 Fenwick ave, Balto

19-PLACE OF BURIAL, OR REMOVAL. Druid Ridge | DATE OF BURIAL, Jan 20 1916

20-UNDERTAKER Wm. Cook | ADDRESS 502 North

Spec.—5-19-13—M. & T.—500 Bks.

Grace Schumann

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91363

CERTIFICATE OF DEATH.

30 C91363

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1248 Sargeant ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Schumann

(Residence in Baltimore: No. 1248 Sargeant St.: yrs. 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 3 (Day), 1915 (Year)

7-AGE, 1 yrs. mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), U.S. Balto Md

PARENTS.

10-NAME OF FATHER, John Schumann

11-BIRTHPLACE OF FATHER (State or Country), U.S. Md Balto

12-MAIDEN NAME OF MOTHER Leona Bradley

13-BIRTHPLACE OF MOTHER (State or Country), U.S Md Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Schumann

(Address) 1248 Sargeant St

15-JAN 18 1916 Filed, 191. ROBERT P. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17 (Month) (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from January 1 1916, to Jan 17 1916, that I saw h alive on January 16 1916, and that death occurred, on the date stated above, at 9.35 1 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis
Diphtheria Carrier

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) 3 yrs. mos. ds.

(Signed) E. L. Cumberland M. D.

1291 (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 18 1916

20-UNDERTAKER Wm Cook — ADDRESS 632 W Pratt

4 P. M.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Maud Boyd.

C91364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 C91361

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 250 N. Bruce ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maud Boyde

(Residence in Baltimore: No. 250 N. Bruce St.; 25 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 30, 1885
(Month) (Day) (Year)

7-AGE, 30 yrs. 3 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Robt F. Anderson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Murray

(Address) 252 N. Bruce St.

15- Filed JAN 18 1916 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 16 1916, that I saw h[illegible] alive on Jan 16 1916, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Pul. tuberculosis Hemorrhage

(Duration) yrs. 2 1/2 hrs mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward P. Sennet M. D.

Jan 16, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State Life yrs. — mos. ds.

Where was disease contracted, if not at place of death? 250 N. Bruce St

Former or usual residence 250 N. Bruce St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Jan 19, 1916

20-UNDERTAKER John H Toudun

ADDRESS 1432 W Pratt

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91365

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1362 Fremont ave ST.: 15 WARD)

2-FULL NAME Vivian E. Carter

(Residence in Baltimore: No. 1362 Fremont ave St.: Like Linn

1 / 91 C91365

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(.....yrs.....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Colored	Infant

6-DATE OF BIRTH, 22 May (Month) (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 7 mos. 25 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Rowe Carter

11-BIRTHPLACE OF FATHER (State or Country), Fauquier Co. Va.

12-MAIDEN NAME OF MOTHER Fanny Fauntleroy

13-BIRTHPLACE OF MOTHER (State or Country), Fauquier Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Carter

(Address) 1362 Fremont Ave

15- JAN 18 1916 ROBERT ..., Burial Permit Clerk.
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 17 1916, that I saw h[illegible] alive on Jan 17 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) .....yrs. .....mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Wm H. Wright M. D.

Jan 18, 1916. (Address) 1209 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Jan 19, 1916
20-UNDERTAKER James H Dennis	ADDRESS 1303 Eastman

Spec.—8-24-14—M. & T.—2000 Blks.

John W. Tilghman

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91366

CERTIFICATE OF DEATH.

120 C91366

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1562 Fremont Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John William Tilghman

(Residence in Baltimore: No. 1562 Fremont Ave St. 33 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	married

6-DATE OF BIRTH, Unknown (Month) (Day), 1871 (Year)

7-AGE,	If LESS than 1 day,
45 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boss. Carpenter 218
(b) General nature of industry, business, or establishment in which employed (or employer): Boss

9-BIRTHPLACE, (State or Country), Calvert Co, Md.

PARENTS.

10-NAME OF FATHER, James Tilghman

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co, Md.

12-MAIDEN NAME OF MOTHER Jane Tilghman

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Sherman Tilghman

(Address) 1562 Fremont ave.

15- Filed JAN 18 1916, 191.... ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 16 1916, that I saw h[illegible] alive on Jan 15 1916, and that death occurred, on the date stated above, at 0 7 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia right

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) [illegible] M. D.

Jan 17, 1916. (Address) 1926 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Jan. 18, 1916
20-UNDERTAKER James H. Dennis	ADDRESS 1303 Pratt St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91367

CERTIFICATE OF DEATH.

109

C91367

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1171 N Dallas St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celia Jones

(Residence in Baltimore: No. 1121 N Dallas St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, (Month) unknown, (Day) 1 (Year)

7-AGE, 82 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leah Green

(Address) 1121 N Dallas St

15- Filed JAN 18 1916 ROBERT . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Jan (Day) 15, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 15 1916, that I saw h[illegible] alive on Jan 14 1916, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

1. Chronic Nephritis
2. Old age

Duration: yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial Obstruction

Duration: yrs. mos. ds.

(Signed) H. Edward Finke M. D.

Jan 17 1916. (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Jan 18, 1916

20-UNDERTAKER S. S. Hemsley

ADDRESS 57 N. Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

David A. Becker.

C91368

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91368

CERTIFICATE OF DEATH.

2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris A Becker

(Residence in Baltimore: No. 1831 N Chester St St.; 35 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 27 (Day), 1875 (Year)

7-AGE,	If LESS than 1 day,
40 yrs. 10 mos. 20 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Caller for Pa. Railway
(b) General nature of industry, business, or establishment in which employed (or employer): at city N Canal Conn 530

9-BIRTHPLACE, (State or Country), Jack. Pa

PARENTS.

10-NAME OF FATHER, Franklin H. Becker

11-BIRTHPLACE OF FATHER (State or Country), Jack. Pa.

12-MAIDEN NAME OF MOTHER Mary L. Mason

13-BIRTHPLACE OF MOTHER (State or Country), Jack. Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Caroline L. Becker

(Address) 1831 N. Chester St.

15- JAN 18 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1916, to Jany 17 1916, that I saw him alive on Jany 17 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Tetanus

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Splinter wounds in hand Accident (Duration) yrs. mos. 13 ds.

(Signed) Millard L Rixmore M. D.

Jany 17...., 191.6. (Address) St Josephs Hospital Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 35 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1831 N Chester St

Former or usual residence 1831 N Chester St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Lorraine Cemetery	Jan 20, 191.6
20-UNDERTAKER Henry Hoeck & Son	ADDRESS 1307 E Eager St

11-9

C91369

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 C91369

REGISTERED No. C.....

1-PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. 2746 Fenwick Ave. ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Pustena

(Residence in Baltimore: No. 2746 Fenwick ave St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Oct (Month) 25 (Day) 1849 (Year)

7-AGE 66 yrs. 2 mos. 22 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER John Ripple

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Bartel

(Address) 2746 Frenwick ave

15- JAN 18 1916 ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January (Month) 16th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30th 1915, to, January 16th 1916, that I saw h... alive on January 10th 1916, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Exploratory Incision

Cancer of Ut or Abdominal Viscera (Duration) yrs 9 mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) L. W. Stone M. D.

January 18th 1916 [Address] 1501 E Baltimore St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan 19th, 1916

20-UNDERTAKER: Christian Miller

ADDRESS: Montford ave & Jefferson st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Croskey Braxton.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91370

CERTIFICATE OF DEATH.

81 C91370

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N. Caroline ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Croskey Braxton

(Residence in Baltimore: No. 112 N Caroline St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, January (Month) 1, (Day) 1861 (Year)

7-AGE, 56 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 504
(b) General nature of industry, business, or establishment in which employed (or employer): Stevedore

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Braxton

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Millie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Johnson

(Address) 112 N. Caroline st.

15 JAN 18 1916 BUREAU OF VITAL STATISTICS

Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 16th 1916, to Jan. 16th 1916, that I saw h[im] alive on " " 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) ....yrs. 6 mos. ....ds.

(Signed) Jacob L. Wiener M. D.

1/17/16, 191... (Address) 30 S. B'way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Asbury

DATE OF BURIAL. Jan. 18..., 1916

20-UNDERTAKER John W. Henderson

ADDRESS 31 N Caroline

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91371 — 92 C91371

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 421 N. Eden St

CITY OF BALTIMORE: (No. ~~422 N. Eden~~ ST.; 5 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Isaac Rolen

(Residence in Baltimore: No. 422 N. Eden St.: — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Oct. 19, 1856 (Month) (Day) (Year)

7-AGE, 59 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General 24

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Rolen

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Susan Wheatley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Rolen

(Address) 422 N. Eden St.

15- JAN 18 1916

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 16 1916, to Jan. 16 1916, that I saw h[illegible] alive on Jan. 16, 1916, and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 10 ds.

(Signed) J. C. Bruns M. D.

Jan. 16, 1916 (Address) 611 N. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Zion Cem. DATE OF BURIAL, Jan. 19, 1916

20-UNDERTAKER Mc Innis - Conrad ADDRESS 608 N. Eden St

Spec.—8-24-14—M. & T.—2000 Blks.

C91372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 54 C91372

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St.; WARD)

2-FULL NAME William Roberts

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Church Home & Infirmary St.; — yrs., — mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Aug (Month) 26 (Day), 1881 (Year)

7-AGE.	If LESS than 1 day,
34 yrs. 4 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber Mas.
(b) General nature of industry, business, or establishment in which employed (or employer): (Barber Shop)

9-BIRTHPLACE, (State or Country), Martin Ohio.

PARENTS.

10-NAME OF FATHER, John Robert

11-BIRTHPLACE OF FATHER (State or Country), Dont Know.

12-MAIDEN NAME OF MOTHER Lillian Walker

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. L. Westerman

(Address) Sunright, Okla.

15-

Filed JAN 18 1916 1916. HARRY O. ARLEANS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11 1916, to June 18 1916, that I saw h[illegible] alive on June 15 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

1. Tuberculosis of Larynx
2.
3. Clinical Diagnosis
(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
Pneumonia (Duration) yrs. mos. 2 ds.

(Signed) E. A. Foster M. D.

Jan 15, 1916 (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 7 ds. In the State yrs. mos. 14 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Oklahoma.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bowling Green Ohio	Jan 18, 1916
20-UNDERTAKER	ADDRESS
A. E. Kight	1 S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED NO. C 91373

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 West End Maternity Hos. St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Poole

(Residence in Baltimore: No. West End Maternity St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 17 (Day), 1916 (Year)

7-AGE, ...yrs...mos...ds.

If LESS than 1 day. 2 hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, H. L. Poole

11-BIRTHPLACE OF FATHER (State or Country). Balto city

12-MAIDEN NAME OF MOTHER Evelyn Clarkson

13-BIRTHPLACE OF MOTHER (State or Country). Balto city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) White Marsh Md

15- Filed JAN 18 1916 191... HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1916, to Jan 17 1916, that I saw h[illegible] alive on Jan 17 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Premature birth

6 months

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Wm. H. Emory M. D.

1/17, 1916 (Address) Franklin & Mos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 2 mos. 18 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, Jan 20, 1916

20-UNDERTAKER Henry W. Means Son ADDRESS 805 N. Calvert St

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91374 HEALTH DEPARTMENT—CITY OF BALTIMORE C91374

CERTIFICATE OF DEATH.

10

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 553 Oxford ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Debbie Benson (Benton)

(Residence in Baltimore: No. 553 Oxford St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... 1868 (unknown) 1 ..... (Month) (Day) (Year)

7-AGE ..... 47 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of Industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Charles Johnson

(Address)..... 479 Robb St.

15- JAN 18 1916 CARRY O. ADAMS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 17th ....., 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 14th 1916, to Jan. 16th 1916, that I saw h-e alive on Jan. 16th 1916, and that death occurred, on the date stated above, at 3 Hi m.

The CAUSE OF DEATH* was as follows:

..... (Pneumonia)
..... Bronchial
..... (Duration)..... yrs. ..... mos. 1/4 ds.

CONTRIBUTORY (Secondary) Influenza Asthma

..... (Duration)..... yrs. ..... mos. 1 ds.

(Signed) A. Ira Ellis M. D.

1/18, 191.6 (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Mt. Auburn Cem	Jan 19 1916
20-UNDERTAKER	ADDRESS
George D. Holland	527 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91375

HEALTH DEPARTMENT—CITY OF BALTIMORE

103 C91375

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Woodyear Place ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Davis

(Residence in Baltimore: No. 1705 Woodyear Place St.; 35 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, March (Month) 1 (Day) 1849 ~~1849~~ (Year)

7-AGE, 66 yrs. 10 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country) Anne Arundel Co Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E Ella White

(Address) 1123 Ellwood Ave

15- JAN 18 1916 MARKED ON ABSTRACT Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1916, to Jan 17 1916, that I saw h-- alive on Jan 16 1916, and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) D H E Canfield M. D.

Jan 17 1916 (Address) 1310 N Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cem | DATE OF BURIAL, Jan 19 1916

20-UNDERTAKER Geo H. Holland | ADDRESS 517 Bolton St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91376 C91376

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 10 E Lexington ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Evans.

(Residence in Baltimore: No. 10 E W Lexington St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col'd

5-~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~, (*Write* the word.): Married

6-DATE OF BIRTH, May 7th, 1878 (Month) (Day) (Year)

7-AGE, 37 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hod'r Like
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER, John Garrett

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Elizabeth Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hanor Talbert MD

(Address) 704 N. Carrollton Ave

15-JAN 18 1916 Filed....., 191.... HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 16th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22nd 1915, to Jany 16th 1916, that I saw h— alive on January 16th 1916, and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Mitral Regurgitation

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Palsy

Degeneration (Duration) yrs. 7 mos. ds.

(Signed) Hanor Talbert M. D.

Jan. 16th, 1916. (Address) 704 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Jan 20 1916

20-UNDERTAKER Charles B Jones — ADDRESS 1130 Madison

C91377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C91377

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 213 N. Bruce ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sarah Taylor

(Residence in Baltimore: No. 213 N. Bruce (54 yrs. 2 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov (Month) 14 (Day), 1861 (Year)

7 AGE: 54 yrs. 2 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress (?)
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9 BIRTHPLACE (State or country): Maryland (Balt.)

PARENTS

10 NAME OF FATHER: John Hopkins

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Taylor

(Address) 213 Bruce St

15.

Filed JAN 18 1916, 191 ..... MARRY O. ANDREWS, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 16 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 191 . to. Jan 16 1916.
that I saw h[illegible] alive on Jan 15, 1916.
and that death occurred, on the date stated above, at 6 A m.
The CAUSE OF DEATH* was as follows:

Uremic poisoning

(Duration) about 12 hrs ds.

Contributory (SECONDARY) Nephritis (Chronic)

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) W E Byrd M. D.

Jan 17, 1916 (Address) 1406 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Jan 19, 1916

20 UNDERTAKER: Charles B Jones

ADDRESS: 1118 N Dar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91378 C91378

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. St.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilfrid Christopher

(Residence in Baltimore: No. St Vincents Infant Asylum St.; yrs., 3 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. (Month) 12 (Day), 1915 (Year)

7-AGE, ...yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St.

15-JAN 18 1916 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 12 1916, to January 16 1916, that I saw him alive on January 16 1916, and that death occurred, on the date stated above, at 7^00^ m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Clarke O'Mara M. D.

Jan. 17, 1916. (Address) 8 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 3 ds. In the State yrs. 3 mos. 4 ds.

Where was disease contracted, if not at place of death? St Vincents Inf. Asylum

Former or usual residence St Vincents Inf. Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Jan. 17, 1916

20-UNDERTAKER M. Fahey & Son ADDRESS 606 Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91379

CERTIFICATE OF DEATH.

151

C91379

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angela Felix

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs. 5 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug. (Month) 1st (Day), 1915 (Year)

7-AGE, yrs. 5 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1701 Division St.

15. Filed JAN 18 1916, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1915, to January 14 1916, that I saw her alive on January 14 1916, and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

Malassimilation

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. Lawrence Dorsett M. D.

Jan 16, 1916. (Address) 1 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. 15 ds. In the State yrs. 5 mos. 15 ds.

Where was disease contracted, if not at place of death? St Vincents Inf Asylum

Former or usual residence St Vincents Inf Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Jan 19, 1916

20-UNDERTAKER W. H. Fahey & Sons ADDRESS 606 Lafayette Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91380

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91380

CERTIFICATE OF DEATH.

x 69

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rochelle Jackson

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, February 3, 1907.
(Month) (Day) (Year)

7-AGE, 9 yrs. 11 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, David L Johnson

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Willie Harrison

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- JAN 18 1916 HARRY O. ARLEARNS,
Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 17 1916, to January 18 1916, that I saw h alive on January 18 1916, and that death occurred, on the date stated above, at 2 15 m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Shock -

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mont R. Reid M. D.

Jan 18, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. 2 ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Enfield N. C.

19-PLACE OF BURIAL OR REMOVAL, Enfield N. C. DATE OF BURIAL, Jan 18, 1916

20-UNDERTAKER H. Allen Tucker ADDRESS 1515 Springdale Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C91381

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 S Catherine ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar A. McCurdy

(Residence in Baltimore: No. 528 S. Catherine St - St.; Life 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 27, 1878 (Month) (Day) (Year)

7-AGE, 37 yrs. 0 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Builder

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James R. McCurdy

11-BIRTHPLACE OF FATHER (State or Country) Washington D.C.

12-MAIDEN NAME OF MOTHER Lida Kiesler

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche M. McCurdy

(Address) 528 S. Catherine St

15-

Filed JAN 18 1916, 191.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 16, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1916, to Jan 16 1916.

that I saw him alive on Jan 16 191 16,

and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart Pulmonary Oedema

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Norbert C. Pilcher M. D.

Jan 18, 1916. (Address) 750 N Dolphin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon Cem

DATE OF BURIAL, January 19, 1916

20-UNDERTAKER Robt Johnson

ADDRESS 1724 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91382

CERTIFICATE OF DEATH.

79

C91382

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2607 Pennsylvania av ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosella Bass

(Residence in Baltimore: No. 2607 Pennsylvania av St.; Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Femal

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): widow

6-DATE OF BIRTH: October 26, 1845 (Month) (Day) (Year)

7-AGE: 70 yrs. 2 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Henry Jay

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Yetta Pollock

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adaline Bass

(Address) 2607 Penna ave

15-

Filed JAN 18 1916 1916 HARRY O ARCHER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Dom Bronc Pneumonia

Nephritis Interstitial chronic (Duration) .... yrs. .... mos. .... ds.

(Signed) Harry C Sellers Jr (Coroner) M. D.

Jan 17, 1916 (Address) 364 E Rolandave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship Cem — DATE OF BURIAL, Jan 20, 1916

20-UNDERTAKER J A Brems Co — ADDRESS 1611 Mad ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91383 C91383

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1239 Riverside Ave ST.; 24 WARD) REGISTERED NO. C

2-FULL NAME Annie Caroline Smith

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1239 Riverside Ave St.; 74 yrs., — mos. 2 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan (Month) 14 (Day), 1842 (Year)

7-AGE, 74 yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry Schuman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dora Berens

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Smith

(Address) 1239 Riverside ave

15 JAN 18 1916 HARRY O. ROBERTS, Special Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14 1916, to Jan 16 1916, that I saw h-e alive on Jan 16 1916, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Same

(Duration) yrs. mos. ds.

(Signed) Neale Stifler M. D.

1/16, 1916 (Address) 1319 Light

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Jan. 19, 1916

20-UNDERTAKER P & M. A. Slyman

ADDRESS 1422 Light St

C91384

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C91384

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 N. Stricker ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip John Herzog

(Residence in Baltimore: No. 1143 N. Stricker st ST.; 73 yrs. 3 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct (Month) 16 (Day) 1842 (Year)

7-AGE: 73 yrs. 3 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Merchant 65
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: John Herzog

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Wengel

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rob. M. Herzog

(Address) 1143 N. Stricker st

15- Filed JAN 18 1916, 191 HARRY O. ANDERSON, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13, 1916, to, Jan 17 1916, that I saw h[illegible]alive on Jan 17 1916, and that death occurred, on the date stated above, at 6 1/2 p. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis,
Nephritis & Cataract of bladder

(Duration) ..... yrs. One mos. ..... ds.

Contributory (SECONDARY): Infirmities of age

(Duration) Two yrs. ..... mos. ..... ds.

(Signed), Walter P Moran M. D.

Jan 17 1916. [Address] 315 W Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Jan. 20 1916

20-UNDERTAKER: Harry W. Ehlen ADDRESS 1944 W. North ave

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C91385

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 6 Lft View St.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara E. Price

(Residence in Baltimore: No. 1609 6 Lft view Ave St.; 10 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, Or DIVORCED, (Write the word.)
female.	white.	Widow

6-DATE OF BIRTH, Sept 16 (Month) (Day), 1844 (Year)

7-AGE, 70 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Benjamin F. Price

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ellen Price

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. C. Wise

(Address) 1609 Left View Ave

15- JAN 18 1916 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1916, to Jan 15 1916, that I saw h[illegible] alive on Jan 15 1916 and that death occurred, on the date stated above, at 1200 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

1/18, 1916. (Address) 117 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Frederick Burying Ground Md DATE OF BURIAL, Jan 19, 1916.

20-UNDERTAKER [illegible] Co. ADDRESS 502 E Fayette

C91386 HEALTH DEPARTMENT--CITY OF BALTIMORE 64 C91386

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2209 Druid Hill Ave ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E Nelson

(Residence in Baltimore: No. 2209 Druid Hill Ave If not in Baltimore give usual residence) (Age 80 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: ..... (Month) ....., 1836 (Year)

7-AGE: 81 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Co Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Zebedee Clark

(Address) 2209 Druid Hill Ave

15- Filed JAN 19 1916, 191 ROBERT . KRAUTH, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1915 to Jan 16 1916 that I saw h— alive on Jan 16 1916 and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Apoplexy —

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. A. Nelson M.D.

Jan 16 191 (Address) 1603 W. Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodstock Balto Co Md

DATE OF BURIAL: 1/19 1916

20-UNDERTAKER: Samuel J Kennedy

ADDRESS: 5 N Broadway

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94387

CERTIFICATE OF DEATH.

120 C91387

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 Arunah Av ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry A. Schultz

(Residence in Baltimore: No. 2427 Arunah Ave St.: yrs. 74 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH: March 13, 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. 10 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Court Clerk

9-BIRTHPLACE, (State or Country) Balto. Maryland

PARENTS.

10-NAME OF FATHER, Arnold Schultz

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER Ann Eliz Metzdorff

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L. Clifton Perkins

(Address) 2427 Arunah Ave

15- Filed JAN 19 1916 191... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 4 1915 to Jan 18 1916 that I saw h m alive on Jan. 18 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) ? yrs. mos. ds.

(Signed) Walter Brown M. D.

1916 191... (Address) 2200 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Jany 21 1916

20-UNDERTAKER Stewart & Moore Co — ADDRESS 108 W North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91388

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C91388

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 S. Green St.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Brown

(Residence in Baltimore: No. 511 S. Green St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH unknown (Month) (Day), 1 (Year)

7-AGE Bout 56 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country) Balt city Md

PARENTS

10-NAME OF FATHER John Dixon

11-BIRTHPLACE OF FATHER (State or country) Balt city Md

12-MAIDEN NAME OF MOTHER Mary Dixon

13-BIRTHPLACE OF MOTHER (State or country) Balt city Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia Brown

(Address) 511 S Green St

15- Filed JAN 19 1916 19[illegible] ROBERT J. KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11, 1916, to, Jan 16 1916, that I saw h[illegible] alive on Jan 16 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia (Duration) yrs mos 4 ds.

Contributory (SECONDARY) Influenza (Duration) yrs. mos 7 ds.

(Signed), H. S. McCaul M. D.

1/17, 1916 [Address] 2005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Int Zion Cemetery DATE OF BURIAL Jan 19, 1916

20-UNDERTAKER Geo H Hooper ADDRESS 607 Little Sarah

NOTE.—Every question should be carefully answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Fannie Cole

HEALTH DEPARTMENT---CITY OF BALTIMORE

C91389 — 92 C91389

CERTIFICATE OF DEATH

1 PLACE OF DEATH 705 Eiden St — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 705 Ireland ST.: 71 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Cole

(Residence in Baltimore: No. 705 Ireland St.; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: Colored — 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown (Month) (Day) 1 (Year)

7-AGE: 35 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Aa Rand Co Va

PARENTS

10-NAME OF FATHER: Jack Hammond

11-BIRTHPLACE OF FATHER (State or country): Aa Rand Co Va

12-MAIDEN NAME OF MOTHER: Jane Cromell

13-BIRTHPLACE OF MOTHER (State or country): Aa Rand Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm A Beale

(Address) 705 Ireland St

15- JAN 19 1916 Filed ..... 191 ROBERT ..... REGISTRAR — Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 17 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12, 1916, to, Jan 17 1916, that I saw h[er] alive on Jan 16 1916, and that death occurred, on the date stated above, at 6.55 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar.
Supervened from
Influenza

(Duration) yrs mos. 5 ds.

Contributory (SECONDARY): Heart Failure

(Duration) yrs mos. 5 ds.

(Signed), C. H. Horton M. D.

Jan 17 1916 [Address] 712 S. Sharp St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Evergreen Branch — DATE OF BURIAL: Jan 19 1916

20-UNDERTAKER: Geo H Hooper — ADDRESS: 607 Little Rock

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 104

C91390

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Robert Garrett Hospl St. 18 WARD)
2-FULL NAME Virginia H. Renshaw
(Residence in Baltimore: No. None (Balto. Co.) St.; yrs., mos. 23 ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 26th, 1915
(Month) (Day) (Year)

7-AGE. ....yrs. ....mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto. Co. Md.

PARENTS.

10-NAME OF FATHER. Henry Renshaw

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Lillian Ackelmire

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Henry Renshaw
(Address) Mt. Carmel Balto. Co.

15- JAN 19 1916 ROBERT J. KRAUER, Filed ....., 191.... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Saml H. Gantz M. D.
(Coroner)
Jan. 18th, 1916. (Address) 2302 Madison Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 5 d. In the State .... yrs. .... mos. 23 ds.
Where was disease contracted, if not at place of death? Balto. Co.
Former or usual residence Balto. Co.

19-PLACE OF BURIAL OR REMOVAL. Loudon Park — DATE OF BURIAL, Jan 19, 1916

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91391

CERTIFICATE OF DEATH.

105 C91391

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME Lavina Schell.

(Residence in Baltimore: No. 121 S. Monroe St.; 49 yrs., 9 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Apr 11th, 1866. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
49 yrs. 9 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Chas. Akehurst

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha E. Stone

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Schell

(Address) 121 S. Monroe

15- JAN 19 1916 REGISTER, Burial Permit Clerk

Filed ....., —191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 18 1916, that I saw h e alive on Jan 18 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. H. Dinan M. D.

June 18, 1916 (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 121 S. Monroe St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	Jan 21, 1916

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91392

CERTIFICATE OF DEATH.

109 C91392

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital ST.; 22 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mattie Vaughan

(Residence in Baltimore: No. 225 W. Hill St ST.; 25 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 27 (Day), 1876 (Year)

7-AGE, 39 yrs. 5 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman 2/3

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Vaughan

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Hooker

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dept Mercy Hospital

(Address) Calvert St

15- Filed JAN 19 1916 ROBERT P. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1916, to Jan 17 1916, that I saw him alive on Jan 17 1916, and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia Pneumonia Acute

Contusion of Thigh Fracture

4 days before operation + 17 days after (Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

.....(Duration) Not to be obtained yrs.....mos.....ds.

(Signed) Edward P. Smith M. D.

Jan 17, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 16 ds. In the State 42 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 225 W. Hill St

Former or usual residence 225 W. Hill St

19-PLACE OF BURIAL OR REMOVAL, Church Creek Dorchester Co. DATE OF BURIAL, Jan 22 1916

20-UNDERTAKER J. L. Brown & Son ADDRESS 619 W. Monty

Shipped B & O. Sta. Cambridge to Cambridge and Long Pine Cemetery

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91393

CERTIFICATE OF DEATH.

10 C91393

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 N. Wolfe St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice A. Haske

(Residence in Baltimore: No. 225 N. Wolfe St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 19, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frank J. Haske

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Alice A Stokes

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank J. Haske

(Address) 225 N. Wolfe St.

15. JAN 19 1916 ROBERT . . KRAUTMAN
Filed ....., 191.... BURIAL PERMIT CLERK,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1916, to Jan 17 1916, that I saw her alive on Jan 16 1916, and that death occurred, on the date stated above, at 5:00 a m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) yrs. 0 mos. 6 ds.

(Signed) Albertus Catt M. D.

Jan 18, 1916 (Address) 1303 Mad ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 19 1916

20-UNDERTAKER Jas M. Frick — ADDRESS 811 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

59 C91394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 C91394

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Calhoun St.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma F. Burns

(Residence in Baltimore: No. 915 N Calhoun St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May 1, 1857
(Month) (Day) (Year)

7-AGE, 56 yrs. 8 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Work at Home

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Henry Goulde

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Alma F. Goulde

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis F. Burns

(Address) 130 E. Hoffman

15- Filed JAN 19 1916 ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to Jan 18 1916, that I saw her alive on Jan 17 1916, and that death occurred, on the date stated above, at 2-10 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

Clinical & Operative diagnosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) Yrs. mos. 7 ds.

(Signed) C. E. R. Campbell M. D.

Jan 18, 1916 (Address) 1644 Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Jan 21, 1916
20-UNDERTAKER George J. Smith	ADDRESS 1000 N Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-18-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91395

CERTIFICATE OF DEATH.

10 C91395

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305-5 W. North ave. St. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A. Radcliff

(Residence in Baltimore: No. 305-5 W. North

Age: 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. fem.

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) widow

6-DATE OF BIRTH. July 4, 1838 (Month) (Day) (Year)

7-AGE. 77 yrs. 6 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: no paid occupation
(b) General nature of industry, business, or establishment in which employed (or employer): Home Duties

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER. [illegible] Gibson

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER. Martha A. Gibson

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) 640 W. Baltimore St.

15- ROBERT J. KRAUTER

Filed JAN 19 1916 Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11 1916, to Jan. 17 1916, that I saw her alive on Jan. 17 1916, and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ....yrs. ....mos. ? ds.

(Signed) [illegible] M. D.

Jan 19, 1916. (Address) 3226 Gwynn Oak

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Cemetery	Jan. 21, 1916
20-UNDERTAKER George J. Smith	ADDRESS 1000 W. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91396

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91396

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1605 Fatrobe St. WARD) 17

2-FULL NAME Charles Alexander Cole

(Residence in Baltimore: No. 1605 Fatrobe St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: 2 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	Colored	Child

6-DATE OF BIRTH, November 3, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 2 mos. 15 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Moses Cole.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER May Fox

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May Cole

(Address) 1605 Fatrobe St.

15- Filed JAN 19 1916, 191... ROBERT J. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Bronchio Pneumonia

(Duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Thos. Blakemore, Jr. (Coroner.) M. D.

Jan. 19, 1916 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel County — DATE OF BURIAL, Jany 19 1916

20-UNDERTAKER: Felix Boyle — ADDRESS 102 E. Hamburg

CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91397

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91397

CERTIFICATE OF DEATH.

92

1—PLACE OF DEATH
CITY OF BALTIMORE: (No. 538 N. Bond ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME William Washington

(Residence in Baltimore: No. 538 N. Bond St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX, Male

4—COLOR OR RACE, Colored

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6—DATE OF BIRTH, ... (Month) ..... (Day) 1871 (Year)

7—AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9—BIRTHPLACE, (State or Country), Md.

PARENTS.

10—NAME OF FATHER, William Washington

11—BIRTHPLACE OF FATHER (State or Country), Md.

12—MAIDEN NAME OF MOTHER Cuhtstown

13—BIRTHPLACE OF MOTHER (State or Country), Md

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Smith

(Address) 538 N. Bond St.

15— ROBERT . KRAUTER,
Filed JAN 19 1916 191 Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Jan. 16, (Month) (Day) 1916. (Year)

17— I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1916, to Jan. 17 1916, that I saw h[illegible] alive on Jan. 17 1916, and that death occurred, on the date stated above, at 12:45 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 2 ds.

(Signed) R. L. Brown M. D.

Jan 18, 191 6 (Address) 611 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, Albany Cem. DATE OF BURIAL, 1/17, 1916.

20—UNDERTAKER Samuel Townsley ADDRESS 573 W. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91398

CERTIFICATE OF DEATH.

28 C91398

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 Heaver ST.; 17 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marcella Jones

(Residence in Baltimore: No. 2 Heaver St.; 36 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Maid

6-DATE OF BIRTH, November, 1, (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
36 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Worker
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Benjamin Swan

11-BIRTHPLACE OF FATHER (State or Country), Balt Md

12-MAIDEN NAME OF MOTHER Priscilla Bond

13-BIRTHPLACE OF MOTHER (State or Country), Balt Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alef Jones

(Address) No. 2 Heaver St

15- JAN 19 1916 ROBERT . KRAUTH,
Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1915, to Jan. 17 1916, that I saw her alive on Jan. 17 1916, and that death occurred, on the date stated above, at 5:45 p. m.

The CAUSE OF DEATH* was as follows:

1 Pulmonary Tuberculosis
Indefinite
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. 1 mos. ds.

(Signed) P. G. Thumel M. D.
Jan 18, 1916, (Address) 424 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Jan 19, 1916.
20-UNDERTAKER John H Owens	ADDRESS 1772 Druid St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Annie Somers.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91399 C91399

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 937 Beran ST. 20 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Somers

Residence in Baltimore: No. 937 Beran

53

St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, ... unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 53 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Charles F Miller

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estelle Dickerson

(Address) 937 Beran

15- Filed JAN 19 1916 ROBERT . KRAUSER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan ..... 15., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ..... Inquest .....
(Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.
The CAUSE OF DEATH* was as follows:

..... Chronic Nephritis .....
..... (Duration) ..... Life ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... Edwin Chesney ..... M. D.
(Coroner.)
Jan 19 ..., 1916 (Address) ..... 58 Light St .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Jan 21, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 Hartlan

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91400

CERTIFICATE OF DEATH

37

C91400

1-PLACE OF DEATH St Elizabeths House

CITY OF BALTIMORE: (No. St Paul St ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm P. Thomas

(Residence in Baltimore: No. St. Paul St. St.; ~~X~~ yrs., 2 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 17, 1913
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. ✓ ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Hartford Co Md.

PARENTS.

10-NAME OF FATHER, Wm Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Amanda Carlington

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Elizabeths House

(Address) St Paul St

15- Filed JAN 19 1916 191.. ROBERT A. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 4 1915 to Jan 14 1916, that I saw h alive on Jan 14 1916, and that death occurred, on the date stated above, at 12 30 p.m.

The CAUSE OF DEATH* was as follows:

Entero Colitis.

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. ds.

(Signed) Frank W. Thomas M. D.

Jan 14, 1916. (Address) Harlem Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 10 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL — DATE OF BURIAL, JAN 18 1916

20-UNDERTAKER Commissioner Health. — ADDRESS

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91401 C91401

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital; 14 WARD) REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Murray

(Residence in Baltimore: No. 1809 Little Walsh St.; ...yrs., ...mos. ...ds.)

B

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1850 (Year)

7-AGE. 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: various odd jobs
(b) General nature of industry, business, or establishment in which employed (or employer): anywhere, no steady employment

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Warner

(Address) 1809 Little Walsh St.

15- Filed JAN 19 1916, 191.. ROBERT P. PRICE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 13 1916, to Jan 14 1916, that I saw h[illegible] alive on Jan 14 1916, and that death occurred, on the date stated above, at 11.50 a.m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

unknown

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) unknown

(Signed) E. Howard Donaldson M. D.

1/15, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. 1 ds. In the State unknown yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1809 Little Walsh St

19-PLACE OF BURIAL OR REMOVAL. STATE OF MARYLAND. DATE OF BURIAL. JAN 15 1916

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91402

C91402

CERTIFICATE OF DEATH.

90

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 N Central Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs F Coffay

(Residence in Baltimore: No. 1208 N. Central Ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 15 (Day), 1837 (Year)

7-AGE, 78 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Coffay

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Loughran

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Coffay

(Address) 1208 N. Central Ave.

15- Filed JAN 19 1916 ROBERT P. PRAUTER, Burial Permit Clerk for Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Jan 17 1916, that I saw h-- alive on Jan 17 1916, and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema Complications
Chronic Bronchitis some years
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. J. Riley M. D.

Jan 18, 1916. (Address) 1657 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Jan 20, 1916

20-UNDERTAKER H. C. Windefeld ADDRESS 717 Gruns Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91403

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91403

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 743 Vine ST.; 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm F Painter

(Residence in Baltimore: No. 743 Vine St.; 5 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, Col'd | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE 48 yrs. — mos. — da. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer Gen
(b) General nature of industry, business, or establishment in which employed (or employer) Day (Baker)

9-BIRTHPLACE, (State or Country), Md,

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E H Wilmer

(Address) 619 N Mulberry

15- Filed JAN 19 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1916, to Jan 16 1916, that I saw h alive on Jan 16 1916, and that death occurred, on the date stated above, at 12 00 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Epilepsy, Cerebral

(Duration) yrs. mos. 7 da.

(Signed) [illegible] M. D.

Jan 16 191... (Address) 739 N Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery | DATE OF BURIAL, Jan 19, 1916

20-UNDERTAKER Alfred J Orchard | ADDRESS 1149 Scho[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91404 HEALTH DEPARTMENT—CITY OF BALTIMORE 36

CERTIFICATE OF DEATH.

C91404

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 822 N. Parrish street, ST. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Braxton,

(Residence in Baltimore: No. 822 N. Parrish street, St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, November (Month) 18th, (Day) 1915. (Year)

7-AGE. 0 yrs. 2 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. John Braxton,

11-BIRTHPLACE OF FATHER (State or Country). Virginia,

12-MAIDEN NAME OF MOTHER Annie Kellums,

13-BIRTHPLACE OF MOTHER (State or Country). Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Kellums, mother,

(Address) 822 N. Parrish street.

15- ROSKRIDGE CRAWLEY

Filed JAN 19 1916 191. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 18th., (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rhachitis,

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) H. Roderick Campbell M. D. (Coroner.)

Jan. 19th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL ....., 191.

20-UNDERTAKER James Bolmeth ADDRESS 1436 Mary

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91405 C91405

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital ST.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Dett

(Residence in Baltimore: No. Md Genl Hosp St.; yrs. mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 16, 1906
(Month) (Day) (Year)

7-AGE, 9 yrs. 11 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Girl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, Joshua Dett

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Cora Brown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joshua Dett

(Address) Reisterstown Md

15- Filed JAN 19 1916, 191.... ROBERT ... KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21st 1915, to Jan. 18th 1916, that I saw her alive on Jan. 18th 1916, and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dil.

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Typhoid Fever

(Duration) ... yrs. ... mos. 29 ds.

(Signed) Frank E Shipley M. D.

Jan. 18 1916. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 29 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence. Reisterstown, Md.

19-PLACE OF BURIAL OR REMOVAL, St Lukes Cemetery

DATE OF BURIAL, Jan. 21, 1916

20-UNDERTAKER J. F. Edens

ADDRESS Reisterstown Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C91406

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Stoddard

(Residence in Baltimore: No. 621 N. Carey St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June, 1832
(Month) (Day) (Year)

7-AGE, 83 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John LeCouvelle

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Fannie C. Clements

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. T. Bishop

(Address) 6 Oakenshaw Hill Terrace

15- JAN 19 1916 Burial Permit Issued.
Filed, 191
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Jan 19 1916, that I saw h[illegible] alive on Jan 19 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Senility & Bronchopneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Hewerny M. D.

Jan 19, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 62[illegible] Carey

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Jan 21, 191

20-UNDERTAKER Wm Cook ADDRESS 501 W North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A K S •

C91407

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

C91407

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 532 Walnut alley, ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Curtis,

(Residence in Baltimore: No. 532 Walnut alley, St.; yrs., Five mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, May (Month) 10th (Day), 1891. (Year)

7-AGE, 24 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Family
(b) General nature of industry, business, or establishment in which employed (or employer)..... laundress.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Daniel Curtis,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Ella Foot,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Curtis, father.

(Address) 515 Walnut alley.

15- Filed JAN 19 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 16th (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Lobar pneumonia.
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
(Duration).....yrs.....mos.....ds.

(Signed) [illegible] (M. D.) (Coroner.)

Jan. 17th 1916. (Address) 3310 N. North Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, Jan 17, 1916

20-UNDERTAKER R T Elliott — ADDRESS 506 Regester

Spec.—8-24-14—M. & T.—2000 Bks.

Joseph Hupfer.

C91408

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91408

CERTIFICATE OF DEATH.

150

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 455 Fall ave ST.; 30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Hupfer

(Residence in Baltimore: No. 455 Fall ave St.; ..... yrs., life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. 17, 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 15 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Augustus J. Hupfer

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Helen E. Koehler

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ana. J. Hupfer

(Address) 455 Fall ave

15- Filed JAN 19 1916 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 9th 1916, to Jan 18 1916, that I saw h[illegible] alive on Jan 17 1916, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Failure

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. L. Meyler Jr. M. D.

Jan. 18, 191.6. (Address) 701 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Jan 21, 1916

20-UNDERTAKER Jos J. Merz

ADDRESS 1919 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91409

REGISTERED No. C 19 C91409

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 932 N. Central Av St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Meta. M. Bloberger

(Residence in Baltimore: No. 932 N. Central Av St.; 36 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Dec 30, 1854
(Month) (Day) (Year)

7-AGE, 61 yrs. mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ludwig Pestrup

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Margaret Meyer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr John Bloberger
(Address) 932 N. Central Av

15- JAN 19 1916 ROBERT . KRAUSE,
Filed ....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 191 6 to Jan 18 191 6, that I saw h[er] alive on Jan 17 191 6, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Chronic Endocarditis
(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis
(Duration) yrs. 1 mos. 1 ds.

(Signed) Emil C Reinicke M. D.
Jan 18, 1916 (Address) 1746 E Lee

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Jan. 20, 1916.

20-UNDERTAKER Henry Knecht & Son — ADDRESS 1301 E Eager

Spec.—5-19-13—M. & T.—500 Bks.

C91410

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91410

CERTIFICATE OF DEATH.

96

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. 1644 Hargest Lane ST.; 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Krieder

(Residence in Baltimore: No. 1644 Hargest Lane St.; 36 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ Single (Write the word.)

6-DATE OF BIRTH, Unknown ; 1 (Month) (Day) (Year)

7-AGE, 36 Years yrs. mos. ds.

If LESS than 1 day. hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Meat
(b) General nature of industry, business, or establishment in which employed (or employer) Cutter 607

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Krieder

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Katherine Bieitenbach

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Bieitenbach

(Address) 1644 Hargest Lane

15-

Filed JAN 19 1916, 191.. HARRY C ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1, 1916, to January 19 1916, that I saw him alive on January 19 1916, and that death occurred, on the date stated above, at 4.30 Am.

The CAUSE OF DEATH* was as follows:

Bronchial asthma

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Respiratory failure

(Duration) yrs. mos. 1 ds.

(Signed) G. G. Ruth M. D.

Jan. 19, 1916. (Address) 2000 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, Jan 21. 1916

20-UNDERTAKER George E. Ruth ADDRESS 1725 Hayford Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C91411

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 S. Robinson St.; 1 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Piscopo

(Residence in Baltimore: No. 506 S. Robinson st St.: 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 6 (Month) (Day) 1915 (Year)

7-AGE 0 yrs. 2 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Peter Piscopo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Santa Caitano

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Piscopo

(Address) 506 S. Robinson st

15- Filed JAN 19 1916 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 19 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from [illegible] 191..., to Jan 19 191..., that I saw h... alive on ... 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

[illegible]

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

..., 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, [illegible] Cathedral Cemetery — DATE OF BURIAL, Jan 19..., 1916

20-UNDERTAKER George J. Ruth — ADDRESS 735 Hayford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 C91412

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 313 S. Parrish ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura C. Vinyard

(Residence in Baltimore: No. 313 S Parrish St.; 48 yrs., 8 mos. 12 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 5 (Day), 1870 (Year)

7-AGE, 45 yrs. 8 mos. 12 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), U.S. Baltimore City

PARENTS.

10-NAME OF FATHER, Wm Keller

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Agnes Lamb

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry J. Vinyard

(Address) 313 S Parrish St

15-

FILED JAN 19 1916, 19..

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1913, to Jan 18 1916, that I saw h[illegible] alive on Jan 17 1916, and that death occurred, on the date stated above, at 1 15 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(Duration) ... yrs. ... mos. 10 ds.

(Signed) E. Manokalus M. D.

Jan 18, 1916. (Address) 24 Hudson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Jan 20 1916

20-UNDERTAKER John F. Fields 12 00 W Lombard

ADDRESS

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91413

64 C91413

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3814 Belle Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J. Foxwell

(Residence in Baltimore: No. 3814 Belle Ave. St.; Life yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug 22, 1834
(Month) (Day) (Year)

7-AGE, 81 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Johan Van Lear

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Annie Ross

13-BIRTHPLACE OF MOTHER (State or Country), Cincinnati

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daughter M. Van Lear

(Address) 3814 Belle ave

15- MARY O. ALLEN, Burial Permit Clerk

Filed JAN 19 1916, 19..

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1915, to Jan 13 1916, that I saw h er alive on Jan. 13 1916, and that death occurred, on the date stated above, at 59. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Paralysis resulting

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. G. Quinn M. D.

Jan. 19, 1916. (Address) Arlington Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem

DATE OF BURIAL, Jan 22, 1916

20-UNDERTAKER Gunter, Douglas

ADDRESS 20 E Fayette

C91414

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

Registered No. C91414

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 708 Edmondson Ave St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph P. Rourke

(Residence in Baltimore: No. 708 Edmondson St. Lyle mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 14 (Day), 1889 (Year)

7-AGE: 26 yrs. 6 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Loan Co 977

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: James Rourke

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Margaret Leonard

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Rourke

(Address) 708 Edmondson Ave

15- JAN 19 1916 Filed, 191 .....

BARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1916, to Jan 17 1916, that I saw h[illegible] alive on Jan 17, 1916 and that death occurred, on the date stated above, at 8[illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 3 days

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

(Signed) Chas. H. Ruhrah M. D.

Jan 19, 1916. (Address) 1113 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Jan 20, 1916

20-UNDERTAKER: H. T. Brannings Son

ADDRESS 517 N Schroeder St

Spec.—8-24-14—M. & T.—2000 Bks.

C91415

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91415

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH Sherwood Hotel

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Monument St ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth McGoodwin McLane

(Residence in Baltimore: No. Sherwood Hotel St.; 83 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, October (Month) 30 (Day), 1832 (Year)

7-AGE, 83 yrs. 2 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bowling Green Ky.

PARENTS.

10-NAME OF FATHER, James K. McGoodwin

11-BIRTHPLACE OF FATHER (State or Country), Ky

12-MAIDEN NAME OF MOTHER Mary Baker

13-BIRTHPLACE OF MOTHER (State or Country), Ky.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. McLane

(Address) 211 W. Monument St

15-

Filed JAN 19 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14th 1916, to Jan 18th 1916, that I saw her alive on Jan 18th 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Bronchitis & Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) many yrs. ..... mos. ..... ds.

(Signed) J. A. Chilton M. D.

Jan 19th, 1916. (Address) 40 W. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Jan'y 20th, 1916.
20-UNDERTAKER	ADDRESS
Henry H. Jenkins & Sons Co	Orchard St.

Spec.—8-24-14—M. & T.—2000 Bks.

C91416 C91416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1503 Pennsylvania Ave St.; 14 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary C Bateman

(Residence in Baltimore: No. 1503 Penn. Ave St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Widowed

6-DATE OF BIRTH, Jan 31, 1844. (Month) (Day) (Year)

7-AGE, 71 yrs. 11 mos. 18 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Thos L Luckett,

11-BIRTHPLACE OF FATHER (State or Country), Va "

12-MAIDEN NAME OF MOTHER Martha Bonnell

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Ora E Lee
(Address) 1503 Penn Ave

15-
Filed JAN 19 1916, 191.
JAN 19 1916
Burial Permit Clerk.
HARRY O ANDREWS
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 15th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10th 1915, to Jan 15th 1915, that I saw h[er] alive on Jan 17th 1916, and that death occurred, on the date stated above, at 10.30 a m.

The CAUSE OF DEATH was as follows:

*Lobar Pneumonia (Bilateral)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Senile decay

(Duration) yrs. mos. ds.

(Signed) Chas K Montemer M. D.

Jan 19th 1916 (Address) 532 W Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cemetery | DATE OF BURIAL. Jan 21, 1916.

20-UNDERTAKER Jos B Cook | ADDRESS 1003 Pulaski St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91417

64 C91417

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 6 WARD)

2-FULL NAME John W. Snider.

(Residence in Baltimore: No. 200 N. Wolfe St.-

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 71 yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, married MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Jan 16, 1845 (Month) (Day) (Year)

7-AGE. 71 yrs. 0 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Bank Cuper. 71
(b) General nature of industry, business, or establishment in which employed (or employer). Journeyman

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John W. Snider

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Margrete

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah A. Snider

(Address) 1027 Rutland Ave

15- JAN 19 1916 Filed..... HARRY O ANDREWS, 191 CITY REGISTRAR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1916, to Jan 18 1916, that I saw h m alive on Jan 18 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage - Chronic Interstitial Nephritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) Oscar V. Pomerat M. D.

Jan 18, 1916. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 71 yrs. 0 mos. 3 ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 200 N. Wolfe St.

19-PLACE OF BURIAL OR REMOVAL, National Cemetery DATE OF BURIAL, Jan 21 1916

20-UNDERTAKER Robert S Sumner ADDRESS 1842 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91418

HEALTH DEPARTMENT--CITY OF BALTIMORE

64 C91418

CERTIFICATE OF DEATH

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1612 Eutaw Place St.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hall

(Residence in Baltimore: No. 1612 Eutaw Place St.: 45 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FOR PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug. 12. (Month) (Day), 1857 (Year)

7-AGE: 58 yrs. 5. mos. 6. ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman for 66
(b) General nature of industry, business, or establishment in which employed (or employer): E. L. Palmer & Co.

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Julius Hall

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Jane C. Kent

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Wm. Hall

(Address) 1612 Eutaw Place

15 Filed JAN 19 1916 HARRY O. ANDREWS REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1915, to Jan 18 1916, that I saw h[illegible] alive on Jan 18, 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 21 ds

Contributory (SECONDARY): Myocarditis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) I. Frederick Lutz M. D.

Jan 19, 1916 (Address) 2040 Eutaw

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Jany. 21, 1916.

20-UNDERTAKER: E. M. Mitchell & Co.

ADDRESS: 120 W. Fayette

Spec—6-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(Mary Hochedr)

C91419 64 C91419

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 Mulberry ST.) 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hochedr

(Residence in Baltimore: No. 937 Mulberry St 48 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, Aug 1st, 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Franz Bringolt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Babst

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul Hochedr

(Address) 1212 W. Balto St.

15- Filed JAN 19 1916, 191... HARRY O. ARCHER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1916, to Jan 18 1916, that I saw h-er alive on Jan 18 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia plegia

(Duration) yrs. mos. ds.

(Signed) H. H. Hammond M. D.

Jan 19, 1916 (Address) 835 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Jany 21, 1916

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 1201 N. Fayette

C91420

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C91420

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3026 Walbrook Ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan B. Smith

(Residence in Baltimore: No. 3026 Walbrook Ave St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Aug ? (Month) ? (Day), 1830 (Year)

7-AGE: 85 yrs. ? mos. ? ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Samuel Brown

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary E. Myers

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John W. Smith

(Address) 3026 Walbrook Ave.

15 JAN 19 1916

Filed ....., 191.... HARRY O. ANDREWS, REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14, 1916, to, Jan 18 191 6, that I saw her alive on Jan 18 1916, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Grippe

(Duration) ..... yrs ..... mos 6 ds

Contributory (SECONDARY) Lobar Pneumonia

(Duration) ..... yrs ..... mos 2 ds

(Signed) W. G. Wellly M. D.

1/19, 191 6 [Address] 6 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs. ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Jany. 20th 1916.

20-UNDERTAKER: E. M. Mitchell & Co.

ADDRESS: 1201 W. Fayette

No. 3. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91421

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91421

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 S. Collington Ave. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Dashiells,

(Residence in Baltimore: No. 328 S. Collington Ave. St. Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, November 26 (Month), (Day), 1887 (Year)

7-AGE, 28 yrs. 1 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md,

PARENTS.

10-NAME OF FATHER; Charles Appel.

11-BIRTHPLACE OF FATHER (State or Country), Md,

12-MAIDEN NAME OF MOTHER Mary Miller.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Dashiells

(Address) 328 S. Collington.

15 JAN 19 1916

Filed ....., 191.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 18, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1916, to Jan 18 1916, that I saw h-r alive on Jan 18 1916, and that death occurred, on the date stated above, at 4:11 a m.

The CAUSE OF DEATH* was as follows:

Dan'l. Tabes
Pneumonia 1

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. C. Healy, M. D.

Jan 18, 1916. (Address) 7620 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cem.	Jan 21, 1916.
20-UNDERTAKER	ADDRESS
A. Sander Sons	1710 Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

C91422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C91422

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 E. Fairmount Ave 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Suehle

(Residence in Baltimore: No. 2504 E. Fairmount Ave St. 52 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Nov. 22nd, 1833
(Month) (Day) (Year)

7-AGE, 82 yrs. 1 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Merchant Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 4 years

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Suehle

(Address) 207 S. Broadway

15-
JAN 19 1916
Filed....., 191.....
MARK O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 17., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 14 1915, to Jan 17 1916, that I saw him alive on Jan 6 1916, and that death occurred, on the date stated above, at 6 45 A m.

The CAUSE OF DEATH* was as follows:

Pleurisy Right
Kidney Disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) P. C. Beazley M. D.

Jan 17, 1916. (Address) 2600 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, 1st Evangelical Cem. DATE OF BURIAL, Jan 20, 1916.

20-UNDERTAKER H. Lander Sons ADDRESS 1710 Eut St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—F-19-13—M. & T.—500 Bks.

C91423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C91423

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 N. Pine ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul C. Faison

(Residence in Baltimore: No. 233 N. Pine St.: 18 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1881 (Year)

7-AGE, 35 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Proprietor 813
(b) General nature of industry, business, or establishment in which employed (or employer) Prop. Black parlor

9-BIRTHPLACE, (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER, Oslia Faison

11-BIRTHPLACE OF FATHER (State or Country). North Carolina

12-MAIDEN NAME OF MOTHER Amanda Mc Gee

13-BIRTHPLACE OF MOTHER (State or Country). North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jeannette Faison

(Address) 233 N. Pine St.

15-

Filed JAN 19 1916 191.. HARRY O. ARENTS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916 to Jan 19 1916, that I saw him alive on Jan. 18 1916, and that death occurred, on the date stated above, at 8.00 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar J13,

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. 19 ds.

(Signed) C. H. Finch M. D.

Jan 19, 1916 (Address) 712 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cem. DATE OF BURIAL, Jan. 22, 1916

20-UNDERTAKER John H. Feadrin ADDRESS 1428 W. Pratt St.

Spec.—5-19-13—M. & T.—500 Bks.

C91424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

C91424

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Sharp ST.; 22 WARD) REGISTERED No. C

2-FULL NAME Hinson Thomas

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 711 Sharp St.; 47 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1868 (Year)

7-AGE, 47 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: 366
(a) Trade, profession, or particular kind of work: Oyster
(b) General nature of industry, business, or establishment in which employed (or employer): Shucker

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Aaron Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dolly Reed

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Birdella Thomas

(Address) 711 Sharp St

15- JAN 19 1916 Filed ....., 191.... MARKET O ARLESS, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1915, to Jan 18 1916, that I saw h[illegible] alive on Jan 16 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerrhosis of Liver

(Duration) ..... yrs. 10 mos. ..... ds.

(Signed) H E McCard M. D.

1/19, 191 (Address) 1005 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn Cem	Jan 20, 191
20-UNDERTAKER	ADDRESS
John H Toadvine	1512 Whitex St

Spec.—4-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91425

CERTIFICATE OF DEATH.

1 151 C91425

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Gundersheimer

(Residence in Baltimore: No. 3309 Garrison Ave St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, ... Jan 19, 1916
(Month) (Day) (Year)

7-AGE, — yrs. ..... mos. ..... ds.

If LESS than 1 day, 2 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Felix Gundersheimer

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Linda Rosenblatt

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. R. Felsen

(Address) Mercy Hospital

15- Filed JAN 19 1916, 191... HARRY O. ANDREWS, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19 191..., to June 19 191..., that I saw h... alive on June 19 191..., and that death occurred, on the date stated above, at 2:45 m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Harold J. Smith M. D.

June 19, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Farmerville

Former or usual residence Farmerville

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balt Hebrew	Jan 20, 1916
20-UNDERTAKER David Goodheim	ADDRESS 1119 N Howard St

C91426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 91426

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1632 Aliciana St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kucal

(Residence in Baltimore: No. 1632 Aliciana St St.: yrs. 27 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Not known (Month) (Day), 1856 (Year)

7-AGE. 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 686
(b) General nature of industry, business, or establishment in which employed (or employer): Packing House

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kucal

(Address) 1632 Aliciana St

15- Burial Permit Clerk

Filed JAN 19 1916, 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dan'l. F. Jones M. D. (Coroner.)

Jan 19, 1916 (Address) 3110 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Jan 21st, 1916.

20-UNDERTAKER W. F. Sadowski ADDRESS 605 N. Amity

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91427

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C91427

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2129 E. Lombard St. 1 WARD)

2 FULL NAME William Oliver

(Residence in Baltimore: No. 2129 E. Lombard St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

Life (yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Feb 26, 1847 (Month) (Day) (Year)

7 AGE: 68 yrs. 10 mos. 22 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Collector 957
(b) General nature of industry, business, or establishment in which employed (or employer): (General Collection)

9 BIRTHPLACE (State or country): Md. (Balto City)

PARENTS

10 NAME OF FATHER: John S.

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Harriet Griffen

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daisy Oliver

(Address) 2129 E. Lombard St

JAN 19 1916 Filed ..... 191 ... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 17th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 13th, 1916, to Jany 17th 1916, that I saw him alive on Jany 17th, 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 6 ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm. T. Lockwood M. D.

Jany 19th 1916 (Address) 8 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Jan. 20, 1916

20 UNDERTAKER: H. Allen Fuller ADDRESS: 3515 Springdale Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~91428~~ 64 C91428

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Mc Eldrey ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth D. Fisher

(Residence in Baltimore: No. 2007 Mc Eldrey St.; 70 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct 13, 1849 (Month) (Day) (Year)

7-AGE, 66 yrs. 7 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Fisher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dora Kneis

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Apple

(Address) 2007 Mc Eldrey

15- Filed JAN 20 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 191 6, to Jan 18 191 6, that I saw h[er] alive on Jan 17 191 6, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) Edward Lavos M. D.

1/18, 191 6 (Address) 419 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Jan 21, 191 6

20-UNDERTAKER William Cook — ADDRESS 502 E North

Mary M. Lewis

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91429

CERTIFICATE OF DEATH.

10 C91429

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 E 27th St ST.; 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M Lewis

(Residence in Baltimore: No. 405 E 27th St St.; 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April 21st, 1845
(Month) (Day) (Year)

7-AGE, 70 yrs. 9 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, John Lutman

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Mary Lutman

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph H. Carroll

(Address) 405 E. 27th Street

15- JAN 20 1916 191.....

ROBERT . KRAUTER,
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 19th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12th 1916, to Jan 19th 1916, that I saw her alive on Jan 9th 1916, and that death occurred, on the date stated above, at 7.55A.M.

The CAUSE OF DEATH* was as follows:

La Grippe

Bronchitis.

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. H. Thurgood M.D.

Jan 19th, 1916. (Address) 253 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Jan 21st, 191.6

20-UNDERTAKER William Cook

ADDRESS 502 E Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91430

CERTIFICATE OF DEATH.

151 C91430

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 Aisquith St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Lerby

(Residence in Baltimore: No. 831 Aisquith St.; ....yrs.,....mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Jan (Month) 16 (Day), 1916 (Year)

7-AGE, ...yrs....mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.... None
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Isaac Lerber

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Fannie Gross

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1419 E Balto St

15- JAN 20 1916 ROBERT . KRAUTER,

Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 16 1916, to January 18 1916, that I saw h[illegible] alive on January 18 1916, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Pneumonitis (1 Week)
gestation

(Duration)....yrs....mos....ds.

CONTRIBUTORY....
(Secondary)

(Duration)....yrs....mos....ds.

(Signed) M A Menville M. D.

Jany 17, 1916. (Address) 504 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL. Jan 20, 1916

20-UNDERTAKER Joseph Lewis

ADDRESS 1419 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91431 81 C91431

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1431 Linden Ave St.: 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline A. Tyler

(Residence in Baltimore: No. 1431 Linden Ave St.: 40 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, February 27, 1823
(Month) (Day) (Year)

7-AGE, 92 yrs. 10 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Norfolk Va.

PARENTS.

10-NAME OF FATHER, Wm. F. Rogers

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Nancy Ann

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. J. T. Earle

(Address) 1431 Linden Ave

15- ROBERT . KRAUTER

Filed JAN 20 1916 Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 19th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 3d, 1915, to January 18th, 1915, that I saw h cr alive on January 17th, 1915, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cardio-muscular & nephritic failure & intersticionary

(Duration) 2 yrs. 6 mos. 2 ds.

CONTRIBUTORY (Secondary) Senile arteriosclerosis

(Duration) Many yrs. 2 mos. 2 ds.

(Signed) G. W. Van Ness M. D.

Jan. 19th 1916. (Address) 200 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Norfolk Va. DATE OF BURIAL, January 20, 1916

20-UNDERTAKER Stewart Mosen Co ADDRESS 101 W Mother

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80 C91432

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 333 S. Payson ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Charles M. Gray

(Residence in Baltimore: No. 333 S. Payson St.; 63 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May (Month) 3 (Day), 1852 (Year)

7 AGE: 63 yrs. 8 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Fireman 5th
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R. R.

9 BIRTHPLACE (State or country): Baltimore County Md

PARENTS

10 NAME OF FATHER: Charles M Gray

11 BIRTHPLACE OF FATHER (State or country): Baltimore Co Md.

12 MAIDEN NAME OF MOTHER: Mary Chaney.

13 BIRTHPLACE OF MOTHER (State or country): Acc County Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles M Gray Jr

(Address) 333 S Payson St

JAN 20 1916 Filed ..., 191 ROBERT ... Asst. Burial Permit Dist'r

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1914, 1914, to Jan 17th 1916, that I saw him alive on Jan 17th, 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Angina

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY): Nephritis Interstitial

(Duration) 2 yrs. mos. ds.

(Signed) J. D. Gilbert M. D.

1/18, 1916 (Address) 211 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western

DATE OF BURIAL: Jan 20, 1916

20 UNDERTAKER: H. S. Finch

ADDRESS: 1921 1/2 Pratt St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C91433

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4[illegible] Patterson Park Ave St.: 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Everetta L Tarry

(Residence in Baltimore: No. 4[illegible] Patterson Park Ave St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	White	Widow

6-DATE OF BIRTH, April 20th, 1853
(Month) (Day) (Year)

7-AGE, 62 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Edward Tarry

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary E Eaton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mamie Tarry

(Address) 1[illegible] Eden St

15- Filed JAN 20 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said [illegible] (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
(Coroner)

Jan 18th, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemty	Jan 21st, 1916
20-UNDERTAKER	ADDRESS
Albert E Fuller	2[illegible] N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Pks.

C91431

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 C91431

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 403 S. Smallwood St. REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Elizabeth Schenfele

(Residence in Baltimore: No. 403 S. Smallwood St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan 17 (Month) 17 (Day) 1838 (Year)

7-AGE, 78 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER Christian Bleasing

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER do not Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo R Bales

(Address) 403 S Smallwood St

15-JAN 20 1916 ROBERT . KRAUTER, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 13 1916, to January 17, 1916, that I saw her alive on January 17 1916, and that death occurred, on the date stated above, at 10.00 a. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Infirmities of Old age.

(Duration) yrs. mos. ds.

(Signed) J. Lee Howard, M. D.

Jan 18, 1916. (Address) 830 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Jan 20, 1916
20-UNDERTAKER	ADDRESS
L. F. McCormick	1931 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91435

CERTIFICATE OF DEATH.

10 C91435

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2137 Homewood Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Taylor

(Residence in Baltimore: No. 2137 Homewood Ave St.; 50 yrs., 0 mos. 0 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-STATE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Jan (Month) 29 (Day), 1844 (Year)

7-AGE, 71 yrs. 11 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germy

PARENTS.

10-NAME OF FATHER, Ferdinand Gelle

11-BIRTHPLACE OF FATHER (State or Country), Germy

12-MAIDEN NAME OF MOTHER Mrs. Ripse

13-BIRTHPLACE OF MOTHER (State or Country), Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M. Taylor

(Address) 2137 Homewood Ave.

15-Filed JAN 20 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from —— 1913, to 1-19 1916, that I saw h.r alive on 1-19 1916, and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

La Grippe

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. J. Barrett M. D.

1-20, 1916 (Address) 1621 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, Jan 22., 1916.

20-UNDERTAKER Jas Jenkins Son — ADDRESS 217 S. Pine

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 C91436

CERTIFICATE OF DEATH.

119 C91436

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 708 S. Glover ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Lobuda

(Residence in Baltimore: No. 708 S. Glover St.: about 20 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male 4-COLOR OR RACE, White 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Not Known (Month) (Day) (Year)

7-AGE, 36 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer 536
(b) General nature of industry, business, or establishment in which employed (or employer) Rail Road

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Michael Labuda

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Maria Petnica

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Elizabeth Labuda
(Address) 708 S. Glover st

15- JAN 20 1916 Filed....., 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 19 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 12 1916, to Jan. 19 1916, that I saw him alive on Jan 19 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration)....yrs....mos. 1 wk 7 ds.

CONTRIBUTORY (Secondary) uremic coma

(Duration)....yrs....mos. 1 ds.

(Signed) H. Tanneyhill M. D.

Jan 19, 1916. (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Jan 22, 1916

20-UNDERTAKER Frank Cochran

ADDRESS 1904 Eastwood

Spec.—8-24-14—M. & T.—2000 Bks.

Keziah Jane Manahan.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91437

40 C91437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3013 Frestman ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Keziah Jane Manahan

(Residence in Baltimore: No.) 3013 Frestman St.; 70 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widow

6-DATE OF BIRTH, Aug. 17 1st, 1839 (Month) (Day) (Year)

7-AGE, 76 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Westminster Md.

PARENTS.

10-NAME OF FATHER, Peter Manahan

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Sarah Miller

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Manahan

(Address) 3013 Frestman St.

15- Filed JAN 20 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1916, to Jan 19 1916, that I saw her alive on Jan 19th 1916, and that death occurred, on the date stated above, at 1.40 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia following Grippe

Clinical Diagnosis (Duration) ...yrs. ...mos. 10 ds.

CONTRIBUTORY (Secondary) Gastric Carcinoma

(Duration) 5 yrs. ...mos. ...ds.

(Signed) I. C. Dutcavon M. D.

Jan. 19..., 1916 (Address) 3055 N. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Westminster Md. DATE OF BURIAL, Jany. 21, 1916.

20-UNDERTAKER C. M. Mitchell & Co. ADDRESS 1616 W. Fayette.

C91438

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C91438

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1323 W. Lombard ST.: 19 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Murray

(Residence in Baltimore: No. 1323 W. Lombard St.: 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widow

6 DATE OF BIRTH: Sept. (Month) 27 (Day), 1829 (Year)

7 AGE: 76 yrs. 3 mos. 2 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret A Murray

(Address) 1811 W Lexington St

15 JAN 20 1916 ROBERT . KRAUTER, Burial Permit ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 18 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April, 191 2, to January 18, 191 6, that I saw h[er] alive on Jan 17, 191 6, and that death occurred, on the date stated above, at 6:50 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face

Clinical Diagnosis

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY) Carcinoma of Stomach

Several years (Duration) yrs. mos. ds.

(Signed) Edwin C. Ballard M. D.

Jan 19, 1916. (Address) 622 Mt Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Fowden York — DATE OF BURIAL: Jan 20, 1916

20 UNDERTAKER: Josiah Dyer — ADDRESS: 1600 W Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C31439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

C31439

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 316 E. 20½ St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Thomas

(Residence in Baltimore: No. 316. E 20½ St.; yrs. 1 mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day) ..... (Year)

7-AGE, 90 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION,
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Harry Hill

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Hubbard

(Address) 316 E. 20½ St.

15- Filed JAN 20 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (old age)

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Wm. M. Savage, M. D.
(Coroner.)

Jan. 18, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cem

DATE OF BURIAL, Jan 20, 1916

20-UNDERTAKER Robert A Elliott

ADDRESS 506 E. 21st St

C91440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91440

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 310 N. Mount ST. 19 WARD) REGISTERED No. C 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harrison Myers.

(Residence in Baltimore: No. 310 N Mount St.; yrs., 30 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Widower

6-DATE OF BIRTH, Unknown (Month) (Day), 1856 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs George Sturgis

(Address) 310 N. Mount St.

15- Filed JAN 20 1916, 191 ROBERT . BRAUER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 17th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns Accident
Smothering while in bed clothing
Caught afire (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Saml. Theuner M. D. (Coroner)

Jan. 17, 1916. (Address) 2302 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
National Cemetery	Jan. 19, 1916.
20-UNDERTAKER	ADDRESS
W. W. Rutter	230 N. Green

PHOTOSTAT

Spec.—8-24-14—M. & T.—2000 Bks.

Shifra Sloan.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91441

CERTIFICATE OF DEATH.

92 C91441

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Shifra Sloan

(Residence in Baltimore: No. 12 So. High St.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Mar. 4, 1864 (Month) (Day) (Year)

7-AGE, 49 yrs. 10 mos. 16 ds. IF LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Attempt
(b) General nature of industry, business, or establishment in which employed (or employer): Laundress

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Raphel Epstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Floan

(Address) 12 S. High St.

15 JAN 20 1916 Filed ....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 13 1916, to Jan 20 1916, that I saw h[illegible] alive on Jan 20 1916, and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward D. Smith M. D.

M. D., 1916. (Address) Maryland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 20 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 12 So. High St.

Former or usual residence 12 So. High St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Blair Rd — DATE OF BURIAL, Jan 20, 1916

20-UNDERTAKER S. Levinson & Bro — ADDRESS 1107 E Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

C91442

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C91442

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 557 Bloom ST. 14 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Blackstone

(Residence in Baltimore: No. 557 Bloom St.: 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem.

4-COLOR OR RACE: Col.

5-~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: Jan. (Month) 16 (Day), 1870 (Year)

7-AGE: 46 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: John Day

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary E Dayson

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Blanch Gray

(Address) 557 Bloom St

15-Filed JAN 20 1916, 191 — ROBERT . KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 16 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 7, 1916, to Jan 16, 1916, that I saw h[illegible] alive on Jan 16, 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease
Mitral Insufficiency

(Duration) yrs. mos. 9 ds

From Personal Knowledge

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Jonas Ehrlich M. D.

Jan 18th, 1916 (Address) 710 W N Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. — In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Jan 20, 1916

20-UNDERTAKER: James F. Dennis — ADDRESS: 1333 Eastman Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91443

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91443

CERTIFICATE OF DEATH.

8 120

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 834 W Lombard ST. 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Uriah D Hoover

(Residence in Baltimore: No. 834 W Lombard St.; yrs., 7 mos. 44 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 17, 1842 (Month) (Day) (Year)

7-AGE, 73 yrs. 11 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, David Hoover

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Eliza Zachrias

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah D Hoover

(Address) 408 St Paul St

15- FILED JAN 20 1916 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Jeffers, M. D. (Coroner.)

Jan 20, 1916 (Address) 342 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Holy Cross — DATE OF BURIAL, Jan 20, 1916

20-UNDERTAKER Wm M Gunthorp — ADDRESS 1624 Mt Royal Ave

C91441 C91441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 113

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. City Jail ST. 10 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Edward Benny.

(Residence in Baltimore: No. 3400 E. Pratt St

St.; yrs., mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ...7...., ...1.... (Month) (Day) (Year)

7-AGE, about 40 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House painter
(b) General nature of industry, business, or establishment in which employed (or employer): 328

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Benny.

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Laura Webb.

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Benny.

(Address) 501 N. Linwood

15- Filed JAN 20 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 19 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) ? yrs. mos. da.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

(Duration) ? yrs. mos. da.

(Signed) Geo. H. Kabler (Coroner.) M. D.

Jan. 19. 1916. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Jan 21 1916

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91445

CERTIFICATE OF DEATH.

92 C91445

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hafferty

(Residence in Baltimore: No. 1924 Eastern Ave. St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, Dec 17 (Month) (Day), 1871 (Year)

7-AGE, 44 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Longshoreman
(b) General nature of industry, business, or establishment in which employed (or employer) Driver

9-BIRTHPLACE, (State or Country) Balto md

PARENTS.

10-NAME OF FATHER, Patrick Hafferty

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Elizabeth Abearn

13-BIRTHPLACE OF MOTHER (State or Country). Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Margaret Kummelmann
(Address) 1932 Eastern ave

15- Filed JAN 20 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 18 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1916, to 191.. that I saw h[illegible] alive on Jan 18 1916, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) Oscar V Luyhard M. D.

Jan 19, 1916 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 1924 Eastern Ave

19-PLACE OF BURIAL OR REMOVAL, St. Patricks Cemetery DATE OF BURIAL, Jany 21 1916

20-UNDERTAKER Robt Kummel ADDRESS 1942 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

C91446 HEALTH DEPARTMENT---CITY OF BALTIMORE C91446

CERTIFICATE OF DEATH

92

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 928 N. Caroline ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Beck

(Residence in Baltimore: No. 928 N. Caroline St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: Oct (Month) 12 (Day) 1827 (Year)

7-AGE: 88 yrs. 3 mos. 7 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: Jacob Doll

11-BIRTHPLACE OF FATHER (State or country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Mary Emig

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Brown

(Address) 928 N. Caroline St

15- JAN 20 1916 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 14th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3, 1916, to, Jan 14, 1916, that I saw her alive on Jan 13, 1916, and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH* was as follows:

Bronchitis
Lobar Pneumonia

(Duration) yrs. mos. 14 ds.

Contributory (SECONDARY) Myocarditis - Death Coma

(Duration) yrs. mos. 2 ds.

(Signed) Ernst C Ellicott M. D.

Jan 14 1916 [Address] 1416 E Eager St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. — DATE OF BURIAL: Jan 21, 1916

20-UNDERTAKER: Frank A. Fink — ADDRESS: 915 N. Gay St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91447

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91447

CERTIFICATE OF DEATH

40

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 2209 W Pratt ST. 30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Catherine Willie

(Residence in Baltimore: No. 2209 W Pratt. St.; 49 yrs. mos. ds.)

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Feb 15 1866 (Month) (Day) (Year)

7-AGE: 74 yrs. 11 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Martin Stoll.

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Marie Henlein

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Ramm

(Address) 959 Pennsylvania Ave.

15- JAN 20 1916 Filed ..., 191... BURIAL PERMIT GIVEN

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 19 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1915 to Jan 18 1916, that I saw h[illegible] alive on Jan 18 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver & Stomach

(Duration) yrs. 7 mos. ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) Harry Goldberg M. D.

1-19-1916 (Address) 2031 W Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Jan 21 1916

20-UNDERTAKER: Charles W. Sill ADDRESS 3189 Reed St. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C91448

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91448

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 E Clement St.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Lambert

(Residence in Baltimore: No. 628 E Clement St.; 47 yrs., 11 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb (Month) 5 (Day) 1868 (Year)

7-AGE,	If LESS than 1 day,
47 yrs. 11 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ice driver, 622
(b) General nature of industry, business, or establishment in which employed (or employer): American Ice Co.

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, John W. Lambert

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Kirby

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lambert

(Address) 628 E Clement St.

15- JAN 20 1916 HEALTH OFFICER,

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1915, to Jan 19 1916, that I saw h... alive on Jan 18 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) R. E. K. Campbell M. D.

Jan 19, 1916 (Address) 1644 Jarvis St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	Jan 22 191 6
20-UNDERTAKER	ADDRESS
J. Fran McInally	39 E. Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2600 Bks.

Lillian Ida Sommerville

C91449

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C91449

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 200 E Brent St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Ida Sommerville

(Residence in Baltimore: No. 200 E Brent St.; 7 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) 1863 (Day) ..... (Year) 1

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank Simpson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Ann Pinn

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Simmons

(Address) 1941 D.N. Ave

15- JAN 20 1916, 191.., HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 18th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 24th 191V, to Jan 18th 1916, that I saw h.. alive on Jan 14th 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

thrombosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile debility

Phthisis (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) A. Lee Ellis M. D.

1/18, 191.6, (Address) 924 Mad. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Jan 21 191 6

20-UNDERTAKER Thomas & Wright — ADDRESS 1364 Mass

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91450 C91450

CERTIFICATE OF DEATH.

8 170

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 64 Gorman Ave St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Read Harrington

(Residence in Baltimore: No. 64 Gorman Avenue St.; Life time mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day), 1876 (Year)

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Richard Read

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Susan Stokes

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. T. Harrington

(Address) 64 Gorman Ave

15-

Filed JAN 20 1916, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12 1915, to Jan 18 1916, that I saw her alive on Jan 18 1916, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

abt 2

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Poisoning

(Duration) - yrs. - mos. ds.

(Signed) W. E. Hunckemann M. D.

Jan 19, 1916. (Address) 2002 N. Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery DATE OF BURIAL, JAN 21 1916

20-UNDERTAKER Geo A Gerber ADDRESS Balto & Lanvale Sts

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91451 C91451

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 Robert St.: 14 WARD) REGISTERED NO. C 91

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Bennie Brown

(Residence in Baltimore: No. 538 Robert St.: yrs. 7 mos. 23 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. May 28, 1915 (Month) (Day) (Year)

7-AGE. yrs. 7 mos. 23 ds. If LESS than 1 day, ... hrs. or ... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER Thadeus B. Brown

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Ella Chambers

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Noal

(Address) 1433 W. Eldersly St

15- JAN 20 1916 Registrar.

Filed ....., 191... Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Jan 19 1916, that I saw her alive on Jan 19 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul Brown M. D.

Jan 19, 1916 (Address) 1837 Penna Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cem DATE OF BURIAL, Jan 25, 1916

20-UNDERTAKER George H. Holland ADDRESS 517 Robert St

Spec.—5-19-13—M. & T.—500 Bks.

C91452

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91452

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 E Hamburg St ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Weeks

(Residence in Baltimore: No. 314 E Hamburg St- St.; 60 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Aug (Month) ..... 1 (Day) ..... 1850 (Year)

7-AGE, ... 65 yrs. ..... 5 mos. ..... 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER. Henry Haney

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Edw Douglass (Son)

(Address)..... 314 E Hamburg St

15- JAN 20 1916 HARRY O. ROGERS, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) ..... 18 (Day) ....., 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1916, to Jan 18 1916, that I saw h[er] alive on Jan 18 1916, and that death occurred, on the date stated above, at 2 30 a m.

The CAUSE OF DEATH* was as follows:

..... acute Dilatation of heart-

..... (Duration).....yrs.....mos....1 ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration)....1 yrs.....mos.....ds.

(Signed)..... Jas A Downie M. D.

Jan 20..., 1916. (Address). 1076 West N-

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK.

DATE OF BURIAL, JAN 21 1916.

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

HEALTH DEPARTMENT---CITY OF BALTIMORE

C91453 — 19 — C91453

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 110 E. Hughes St. St.; 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raphael L. Galliano.

(Residence in Baltimore: No. 110 E. Hughes St. St.; 50 yrs. - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male.

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married.

6-DATE OF BIRTH: Aug. (Month) 6 (Day) 1842 (Year)

7-AGE: 73 yrs. 5 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Hunter, Sailing Vessel
(b) General nature of industry, business, or establishment in which employed (or employer): 50 yrs

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: Raphael Galliano-

11-BIRTHPLACE OF FATHER (State or country): Italy

12-MAIDEN NAME OF MOTHER: Catherine Buck.

13-BIRTHPLACE OF MOTHER (State or country): Pennsylvania

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) F E Smith

(Address) 910 Light St.

15- Filed JAN 20 1916, 191 — MARY O ARMEN, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 18 (Day) 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 17, 191 5, to Jan 18 191 5, that I saw h.. alive on Jan 18 191 6, and that death occurred, on the date stated above, at 11 5 m.

The CAUSE OF DEATH* was as follows:

Infirmities of old age.

..... (Duration) yrs mos ds.

Contributory (SECONDARY) Organic Heart Disease

..... (Duration) 2 yrs mos ds.

(Signed) F E Smith M.D.

1/20/16, 191 [Address] 910 Light St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: CEDAR HILL. DATE OF BURIAL: JAN 21 1916, 191

20-UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 715 Light St

I. S. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C91454

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Kettenick

(Residence in Baltimore: No. 68 Lemmon St. St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Sept 25, 1845
(Month) (Day) (Year)

7-AGE, 70 yrs. 3 mos. 24 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Peddler Ess
(b) General nature of industry, business, or establishment in which employed (or employer): Bag

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Frank Sherdow.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael J. Kettenick

(Address) 1146 Allendes St.

15- JAN 20 1916 Filed, 191 HARRY O. ARLENTS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 31 1915, to Jan. 18 1916, that I saw her alive on Jan 18 191, and that death occurred, on the date stated above, at 3.20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease

(Duration) 2 Mo. Yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) Edward J. Swift M. D.

Jan. 18, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 60 yrs. mos. ds.

Where was disease contracted, if not at place of death? 68 Lemmon St.

Former or usual residence 68 Lemmon St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Jan 22 1916.

20-UNDERTAKER John J. Cowan & Son ADDRESS 901 Hollins St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C91455

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 24 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary D. Aines.

(Residence in Baltimore: No. 125 E West St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE, 49 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Saleswoman 66
(b) General nature of industry, business, or establishment in which employed (or employer). Shoes (At Retail)

9-BIRTHPLACE, (State or Country), Maryland. (City) Balto Md.

PARENTS.

10-NAME OF FATHER, Henry Thuman

11-BIRTHPLACE OF FATHER (State or Country) Balto Md.

12-MAIDEN NAME OF MOTHER Marg. Thuman

13-BIRTHPLACE OF MOTHER (State or Country) Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Cuss

(Address) 125 E West St

15-
Filed JAN 20 1916 191... MARY C. ANGENY, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to Jan 18 1916, that I saw her alive on Jan 18 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 15 ds.

(Signed) Ernest Hyll Ruegg M. D.

Jan 18, 1916. (Address) St Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. 12 ds. In the State 49 yrs. mos. ds.

Where was disease contracted, if not at place of death? 125 E West St

Former or usual residence 125 E West St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross AAB — DATE OF BURIAL, Jan. 21 1916

20-UNDERTAKER E. B. Harle — ADDRESS 115 E West St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C91456

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Balto Drydock Co Fort Ave ST. 23 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Bolden

(Residence in Baltimore: No. 1440 Light St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE,	If LESS than 1 day,
50 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): at Ship Yard

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bolden

(Address) 1440 Light St

15- Filed JAN 20 1916, 191.... HARRY O. ANDREWS, Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease Of Heart

Sudden

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 1

(Duration) yrs. mos. ds.

(Signed) [signature] M. D. (Coroner.)

Jan 20, 1916 (Address) 317 North St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cath	1-21, 1916.
20-UNDERTAKER	ADDRESS
E & B Hartle	115 E Fast St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91457 50 C91457

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 S Ducker ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Josio

(Residence in Baltimore: No. 529 S Ducker ave St.; 50 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April 21, 1856.
(Month) (Day) (Year)

7-AGE, 59 yrs. 8 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Frank. Donado

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ralph Josio

(Address) 529 S Ducker ave

15- JAN 20 1916 Filed....., 191.... HARRY O. ADAMS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw h... alive on ....191....,
and that death occurred, on the date stated above, at 5:10 p.m.
The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary Cem	January 21 1916.
20-UNDERTAKER	ADDRESS
Randall Lippe & Son	37 S Com St

Spec.—8-24-14—M. & T.—2000 Bks.

C91458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5389

92 C91458

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 N. Eden ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie Ann Hart.

(Residence in Baltimore: No. 1330 N. Eden St.; 7 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April 8th (Month) (Day), 1838 (Year)

7-AGE 77 yrs. 9 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Household
(b) General nature of industry, business, or establishment in which employed (or employer)..... Duties

9-BIRTHPLACE, (State or Country), Middlesex Va

PARENTS.

10-NAME OF FATHER, Wm Hart

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Virginia Ransom

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Imagene Padgett

(Address) 1335 Eden St

15- Filed JAN 20 1916 1916 HARRY O. ANDREWS, Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 20th 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 13th 1916, to Jan 20th 1916, that I saw her alive on Jan 17th 1916, and that death occurred, on the date stated above, at 5.45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Contributory Senility

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) Wm Peter Hiltz M. D.

Jan. 21st 1916. (Address) 1819 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Middlesex Co Va

DATE OF BURIAL, Jan 21 1916

20-UNDERTAKER Wm Cook

ADDRESS 502 E. Wallace

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state carefully supplied.

C91459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103

C91459

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Union Station ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sola V. McCauley.

(Residence in Baltimore: No. 1512 Mulatto Ave. 33 St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH February 26, 1867.
(Month) (Day) (Year)

7-AGE, 48 yrs. 10 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Matron - Railroad Station
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, David Pearce

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emily J. Newcomer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clement McCauley.

(Address) 1612 Mulatto Ave

15-JAN 21 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute cardiac dilatation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute indigestion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jno. Alexander M. D.
(Coroner.)

Jan. 20, 1916. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's — DATE OF BURIAL, Jan 24, 1916

20-UNDERTAKER A. J. Mitchell — ADDRESS 3539 Fall Rd

Willie George.

C91460

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C91460

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 631 Eiston 21 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie George

(Residence in Baltimore: No. 631 Eiston St.: 10 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ....., 1889 (Month) (Day) (Year)

7-AGE: 26 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer 504
(b) General nature of industry, business, or establishment in which employed (or employer): Stevedore on S'Ships

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Jack George

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Sallie Coon

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maria George

(Address) 631 Eiston St

15. Filed JAN 21 1916 ROBERT . KRAUTHOFF, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 17 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1916, to Jan 17, 1916, that I saw him alive on Jan 17, 1916, and that death occurred, on the date stated above, at 4:30 a m.
The CAUSE OF DEATH* was as follows:

Pneumonia
(Compound)

(Duration) — yrs. — mos. 4 ds

Contributory (SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed) W. C. Quinlet M. D.

Jan 19, 1916 (Address) 528 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Petersburg Va

DATE OF BURIAL: Jan 21, 1916

20-UNDERTAKER: John H Toadvine

ADDRESS: 14 Russell

C91461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157 C91461

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 214 E. Church St ST. 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E Ohlverter

(Residence in Baltimore: No. 214 E Church St St.; yrs., Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan. 18 (Month) (Day), 1916 (Year)

7-AGE, ...yrs. 2 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, George Ohlverter

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Annie Andrews

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Ohlverter

(Address) 214 E. Church St.

15- Filed JAN 21 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk's Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. 0 mos. ....ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edw Krautheim M. D. (Coroner.)

Jan 20 1916 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL. DATE OF BURIAL, JAN 21 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91462

CERTIFICATE OF DEATH.

80 C91462

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Linden ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Sauer

(Residence in Baltimore: No. 2211 Linden ave St.; 60 yrs., m. mos., - da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Dec (Month) 12 (Day) 1831 (Year)

7-AGE,	If LESS than 1 day,
84 yrs. 1 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired policeman
(b) General nature of industry, business, or establishment in which employed (or employer): 725

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Sauer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Miller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. E. Vansant

(Address) 2211 Linden ave

15- Filed JAN 21 1916, 19.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 18th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16th 1916, to Jan 18th 1916, that I saw h.. alive on Jan 18 1916, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

about 2 hrs.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Myocarditis, Arteriosclerosis (Duration) 3 yrs. ....mos. ....ds.

(Signed) Joseph Eichner M. D.

Jan 19, 1916 (Address) 1516 Madison Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Jan 21.., 1916
20-UNDERTAKER F. A. Krause	ADDRESS 703 Hamp...

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Annie L. Dixon.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91463

CERTIFICATE OF DEATH.

C91463

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Carroll ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Louise Dixon

(Residence in Baltimore: No. 1200 Carroll St.; 51 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 18 (Day), 1863 (Year)

7-AGE, 52 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Christian Steinbach

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Amelia Steinbach

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August P. W. Dixon

(Address) 1200 Carroll St

15- JAN 21 1916 ROBERT . KRAUTER,

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 18th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 18 1916, to January 18 1916, that I saw h— alive on Jan. 18th 1916, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Fatty degeneration of heart,

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY. (Secondary) Typhoid fever

(Duration) yrs. 3 mos. ds.

(Signed) Rupert Dixon M. D.

Jan. 20, 1916 (Address) 1727 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, Jan. 21 1916

20-UNDERTAKER F. A. Krauer

ADDRESS 703 Hona

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91464

CERTIFICATE OF DEATH.

C91464

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 Colvin St.; 5 WARD)

REGISTERED No. C 91

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin L. Reynolds

(Residence in Baltimore: No. 423 Colvin St.: yrs. 1 mos. 2 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, Sept. (Month) 9 (Day), 1883 (Year)

7-AGE, 32 yrs. 4 mos. 10 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman 700
(b) General nature of industry, business, or establishment in which employed (or employer): Balt. City Fire Dept.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michael J. Reynolds

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Mason

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Reynolds

(Address) 423 Colvin St

15- JAN 21 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 19 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14 1916, to Jan 19 1916, that I saw him alive on Jan 19. 1916, and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 da.

CONTRIBUTORY (Secondary) Bronchitis

..... (Duration) ..... yrs. ..... mos. 7 da.

(Signed) Benj. N. Hayden M. D.

Jan 20, 1916. (Address) 1316 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Jan 22 1916
20-UNDERTAKER F. C. Krauer	ADDRESS 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 C91465 40 C91465

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2326 W. Fayette St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredericka Mayer

(Residence in Baltimore: No. 2326 W. Fayette St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Sept (Month) 17 (Day) 1844 (Year)

7-AGE: 71 yrs. 4 mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Manover Germany

PARENTS

10-NAME OF FATHER: Henry A. Wagenfeldt

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Johanna Bockelman

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Mayer

(Address) 2326 W. Fayette

15 JAN 21 1916 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 19/16 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23/15, 191, to, Jan. 19/16 191, that I saw h Sr alive on Jan. 17/16 191, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.
Clinical Diagnosis

(Duration) I yrs. mos. ds.

Contributory (SECONDARY) ..... (Duration) yrs. mos. ds.

(Signed) Henry Waldschmidt M. D.

Jan. 20/16 191 [Address] 933 Manover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Bolle Century — DATE OF BURIAL: Jan 22- 1916

20-UNDERTAKER: F. C. Krause — ADDRESS: 703 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C31466

HEALTH DEPARTMENT--CITY OF BALTIMORE

C31466

CERTIFICATE OF DEATH

Registered No. C 79

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1920 E. Eager St.; 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaretha Ebert

(Residence in Baltimore: No. 1920 E Eager St.; over 40 years in Baltimore - 72 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
female	white	widow

6 DATE OF BIRTH: May 27 (Month), (Day), 1850 (Year)

7 AGE: 65 yrs. 7 mos. 22 ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Berlin Germany

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Petrof

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr Andrew Ebert
(Address) 1920 E Eager st

15 Filed JAN 21 1916 ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 19 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from December 4th, 1915, to January 19 1916, that I saw her alive on January 19, 1916, and that death occurred, on the date stated above, at 9.15 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Valvular disease of Heart

(Duration) 10 yrs. — mos. — ds.

Contributory (SECONDARY) Infirmity of age and grip (Duration) 8 yrs. 3 mos. — ds.

(Signed) J J Simms M. D.
January 19. 1916 (Address) 1025 N Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: Jan 22 1916

20 UNDERTAKER: Henry Hoeck & Son — ADDRESS: 1301 E Eager st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91467 C91467

CERTIFICATE OF DEATH.

10

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: No. 922 Valley ST.; 10 WARD)
2-FULL NAME Rose E. Hall
(Residence in Baltimore: No. 922 Valley St.; 57 yrs., mos. 14 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. (Month) 26 (Day), 1858 (Year)

7-AGE, 57 yrs. mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, James Lyness

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Annie Blackock

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. James P. Hall

(Address) 922 Valley St.

15- Filed JAN 21 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany (Month) 20th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 15th 191 6, to Jany 20 191 6, that I saw h[illegible] alive on Jany 20th 191 6, and that death occurred, on the date stated above, at 11 55 a.m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.

Jan 20., 191 6. (Address) 1501 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Catholic Cemetery — DATE OF BURIAL, Jan. 24, 1916

20-UNDERTAKER Henry Hauck Son — ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Henrietta Waters.

C91468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C91468

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Linden Ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Waters

(Residence in Baltimore: No. 1002 Linden Ave. St.; 42 yrs., 6 mos., 7 ds.)

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~ Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 25 (Day), 1873 (Year)

7-AGE, 42 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession or particular kind of work. General House work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Ben. Waters.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Elizabeth Williams

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Waters

(Address) 1002 Linden Ave

15- JAN 21 1916 ROBERT . KRAUTER, Filed ..... 191 ..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 12th 1915, to Jan 19th 1916, that I saw her alive on June 19th 1916, and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

(Duration) yrs. 4 mos. 19 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 4 mos. 19 ds.

(Signed) T. H. Guick M. D.

Jan 20th 1916 (Address) 3731 W Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem. DATE OF BURIAL, Jan 22nd 1916

20-UNDERTAKER George H. Holland ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91469

CERTIFICATE OF DEATH.

45 C91469

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Sarah Smith

(Residence in Baltimore: No. 203 N. High St.

St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) December (Day) ..... (Year) 1868.

7-AGE,	If LESS than 1 day,
48 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Abraham Stein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Katharine Brackey

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Levinsky

(Address) 203 N. High St.

15- JAN 21 1916 ROBERT KRAUTER, Filed ....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan (Day) 20, (Year) 1916.

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 20 1916, that I saw her alive on Jan 20 1916, and that death occurred, on the date stated above, at 10:15 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Operation 10 days previous to

Death (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Carcinoma of Abdominal Wall

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E.B. Veeter M. D.

Jan 20, 1916. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 203 N. Heigh St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	Jan., 191.6.
20-UNDERTAKER Jack Levin	ADDRESS E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91470 64 C91470

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Hanlem ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Roemer

(Residence in Baltimore: No. 916 Hanlem ave St.; 60 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, July (Month) 29 (Day), 1851 (Year)

7-AGE, 84 yrs. 5 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired 47

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Martin Roemer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Roemer

(Address) 916 Hanlem ave

15- Filed JAN 21 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 19 1916, to to Jany 20 1916, that I saw h me alive on January 19 1916, and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds. Sudden

CONTRIBUTORY (Secondary) Lagrippe

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) O P Davis M. D.

Jany 21, 1916. (Address) 932 N Carroll

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, Jan 22, 1916

20-UNDERTAKER Robt. S. Little — ADDRESS 531 N Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8 24 14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91471 C91471

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Clara A Murray

(Residence in Baltimore; No. Woman's Hospital St.; yrs. mos. 6 ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state plainly, in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ~~Jan.~~ Unknown ~~1st~~, ~~1~~ ~~1~~ ~~1~~
(Month) (Day) (Year)

7-AGE, 63 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Hendricks

(Address) Woman's Hospital

15- Filed JAN 21 1916 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 19-, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 17 1916, to January 19 1916, that I saw h[er] alive on January 19 1916, and that death occurred, on the date stated above, at 7 40 p.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation heart

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) L. Glass M. D.

Jan. 19, 1916 (Address) Woman's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Home - Balt. City.

Former or usual residence Owings Mills Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Jan 22, 1916.
20-UNDERTAKER	ADDRESS
Robt S. Little	531 Fremont Ave

Spec.—8.24-14—M. & T.—2000 Bks.

C91472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1405 Hull St.; 24 WARD)

REGISTERED No. C 1916 C91472

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas L. Morris

(Residence in Baltimore: No. 1405 Hull St.; 52 yrs., mos., ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very carefully classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, May (Month) 21st (Day), 1861 (Year)

7-AGE, 54 yrs. 8 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: R. R. 555
(b) General nature of industry, business, or establishment in which employed (or employer): Mail Clerk

9-BIRTHPLACE, (State or Country), Wales

PARENTS.

10-NAME OF FATHER, David Morris

11-BIRTHPLACE OF FATHER (State or Country), Wales

12-MAIDEN NAME OF MOTHER Annie Davis

13-BIRTHPLACE OF MOTHER (State or Country), Wales

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Morris

(Address) 1405 Hull St

15- JAN 21 1916 Filed....., 191.... ROBERT . KRAUTER Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 19 (Day); 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 23 Dec 1915, to 19 Jan 1916, that I saw h[illegible] alive on 19 Jan 1916, and that death occurred, on the date stated above, at 12 45 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion

Pulmonary Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bright's Disease to my knowledge

(Duration) yrs. 7 mos. ds.

(Signed) James Lopez M. D.

21 Jan 1916 (Address) 1525 Fortave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Jan 22, 1916.

20-UNDERTAKER H. Sander Sons ADDRESS 170 East St

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91473 64 C91473

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 W. 25th St. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles T. Davis

(Residence in Baltimore: No. 218 W. 25th St. St.; 65 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 1st (Day) 1850 (Year)

7-AGE, 65 yrs. 6 mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Cemetery

9-BIRTHPLACE (State or Country). Balto Maryland

PARENTS.

10-NAME OF FATHER. John T. Davis

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Sarah Thompson

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia E. Ware

(Address) 218 W. 25th

15- JAN 21 1916 ROBERT . KRAUTER, Filed ..... 191 ..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 20 1916, to Jan 20 1916, that I saw h[illegible] alive on Jan 20 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio - Sclerosis - Myo Cardit

(Duration) 10 yrs. ..... mos. ..... ds.

(Signed) G. W. Bump M. D.

Jan 21, 1916 (Address) 1210 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Jan 22 191 6

20-UNDERTAKER Wm. McCausland ADDRESS 1624 Mt. Royal ave.

NOTE.—Each item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(91474) (91474)

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1617 McElderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sydney Hicks

(Residence in Baltimore: No. 1617 McElderry St.; 54 yrs., 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, June 7, 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. 7 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home.

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Ignatius Gray

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane Baxter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Lecky

(Address) 1617 McElderry St

15- JAN 21 1916 ROBERT . KRAUTER, Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 19 1916, that I saw h.. alive on Jan 16 1916, and that death occurred, on the date stated above, at 4.45 a m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

(Duration) 1 yrs. ....mos. ....ds.

(Signed) A. G. Heard M. D.

Jan 19, 1916. (Address) 2600 E Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Asbury Cemetery	Jan. 21., 1916
20-UNDERTAKER	ADDRESS
Robert A Elliott	606 East St

CAUSE OF DEATH must be stated in plain terms. Abbreviations or carelessly supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

C91475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C91475

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospl St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Tibbins

(Residence in Baltimore: No. 445 W. Monument St. St.; 55 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. Applies. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1861 (Year)

7-AGE, 55 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home.

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, John Penrose

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Henrietta Penrose

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Hickson

(Address) 445 Little Monument St

15- Filed JAN 21 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan. 18th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 13th 1916, to Jan 18th 1916, that I saw her alive on Jan 18th 1916, and that death occurred, on the date stated above, at 6.55 P m.

The CAUSE OF DEATH* was as follows:

..... Bronchopneumonia

..... (Duration) ..... yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (Duration) ? yrs. ? mos. ? ds.

(Signed) Frank E. Shipley M. D.

Jan. 19th, 1916. (Address) Md. Gen. Hospl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 445 W. Monument St

19-PLACE OF BURIAL OR REMOVAL Int Greenmount — DATE OF BURIAL. Jan 21.., 1916

20-UNDERTAKER Robert A Elliott — ADDRESS 506 East Fay

U.S.A. OKAY

Spec.—5-19-13—M. & T.—500 Bks.

Eliza Tyler.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91476

CERTIFICATE OF DEATH.

92

C91476

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. Gilmor St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Tyler

(Residence in Baltimore: No. 418 N. Gilmor St.; 5 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	colored	Single

6-DATE OF BIRTH, unknown (Month) 1 (Day) (Year)

7-AGE, 44 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): House Work

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Upton Tyler

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Caroline Watkins

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grant Tyler

(Address) 418 N. Gilmor St

15-

Filed JAN 21 1916, 19 ROBERT . KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 18 1916, that I saw h— alive on Jan 18 1916, and that death occurred, on the date stated above, at 6.45 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

Contributed from

Asthma

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. ds.

(Signed) C. H. Howe M. D.

Jan 24, 1916 (Address) 718 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Jan 21 1916

20-UNDERTAKER Alfred J Freeland

ADDRESS 1743 Chapel

Spec.—8-24-14—M. & T.—2000 Blks.

C91477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C91477

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 534 N. Eden ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Ellis

(Residence in Baltimore: No. 534 N. Eden St.; 26 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colr.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1863 (Year)

7-AGE, 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: George Ellis

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jasey Ellis

(Address) 534 N. Eden St.

15- Filed JAN 21 1916, 191.. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1916, to Jan. 19, 1916, that I saw her alive on Jan. 19 1916, and that death occurred, on the date stated above, at 2 9' m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 14 ds.

(Signed) [illegible] M. D.

Jan. 19, 1916 (Address) 611 N. Rawlins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery — DATE OF BURIAL, Jan. 23, 1916

20-UNDERTAKER [illegible] — ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91478

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 120 — C91478

CITY OF BALTIMORE (No. 603 Smith St.: 14 WARD)

2-FULL NAME Margaret J. Hinks

(Residence in Baltimore: No. 603 Smith St.: 10 yrs. — mos. — ds.)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH March 14th, 1866 (Month) (Day) (Year)

7-AGE 49 yrs. 10 mos. 6 ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Balto Co. Md.

PARENTS

10-NAME OF FATHER: Benjamin Bowen

11-BIRTHPLACE OF FATHER (State or country): Balto Co. Md

12-MAIDEN NAME OF MOTHER: Jennie Pearce

13-BIRTHPLACE OF MOTHER (State or country): Balto Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry C. Hinks

(Address) 603 Smith St

15. Filed JAN 21 1916 — ROBERT J. KRAUTH, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan. 20th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 11th, 1916, to Jan 20th 1916, that I saw h-r alive on Jan 20th, 1916, and that death occurred, on the date stated above, at 6 40 P m.

The CAUSE OF DEATH* was as follows:

Uremia

Contributory (SECONDARY) Chronic Nephritis (Duration) yrs. mos. 2 ds

(Duration) yrs. 6 mos. ds.

(Signed) M Kahn M. D.

Jan. 21st, 1916 (Address) 677 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Md. Forest Lawn Balto — DATE OF BURIAL: Jan 22, 1916

20-UNDERTAKER: Daniel Easton Sr — ADDRESS 916

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C91479

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 Ashland Ave. ST.; 10 WARD) REGISTERED NO. C

2-FULL NAME Joseph M. Tracey

(Residence in Baltimore: No. 833 Ashland Ave. St.: Lifetime, yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August 13th. (Month) (Day), 1851 (Year)

7-AGE, 34 yrs. 5 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. John V. Tracey

11-BIRTHPLACE OF FATHER (State or Country). Boston Mass.

12-MAIDEN NAME OF MOTHER Mary A. Quinn

13-BIRTHPLACE OF MOTHER (State or Country). Liverpool England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Tracey

(Address) 833 Ashland Ave.

15- JAN 22 1916

Filed....., 191... Serial Permit Clerk

MARET C. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 19 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 15 1915, to Jan. 19 1916, that I saw him alive on Jan. 18 1916, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobular

of

(Duration) 3 Months yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Benj. D. Hanks M. D.

Jan 18, 1916. (Address) 216 N. Carrollton Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery.

DATE OF BURIAL, Jan. 22 1916

20-UNDERTAKER Chas. T. Cowan & Son

ADDRESS 1180 Mt Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C91480

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2408 Barclay ST.; 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert V. Cassidy

(Residence in Baltimore: No. 2408 Barclay St.; 67 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan (Month) 26 (Day), 1848 (Year)

7-AGE, 67 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 50 yrs
(b) General nature of Industry, business, or establishment in which employed (or employer): Gov't Contract

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, John Cassidy

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Richmond

13-BIRTHPLACE OF MOTHER (State or Country) Richmond

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mollie Cassidy
(Address) 2408 Barclay St.

15 JAN 22 1916 HARRY G. ANDREWS, Burial Permit Clerk.
Filed ..... 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 21 (Day), 1916 (Year).

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10 1914, to Jan 20 1916, that I saw him alive on Jan 20 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) S H Voltaarden M. D.

1/21/16, 191... (Address) 321 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Mary's Cem DATE OF BURIAL ...1/22... 1916.

20-UNDERTAKER Chas P. Evans & Son ADDRESS 11 & 13 N. Royal ave

N.B.—Every item of information should be carefully supplied. ACCURACY IN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91481 C91481

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Holbrook ST.: 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Riley

(Residence in Baltimore: No. 1611 Holbrook St.: 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Aug 22 (Month) (Day), 1895 (Year)

7-AGE, 75 yrs. 8 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Private 702
(b) General nature of industry, business, or establishment in which employed (or employer): watchman

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Bernard Riley

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Landers

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Riley

(Address) 1611 Holbrook St

15- JAN 22 1916 19.. HARRY O. ANDREAS, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 20 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 1 1915, to Jan 20 1916, that I saw him alive on Jan 20 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Paralysis of the Lungs

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 10 ds.

(Signed) H. Spencer Westbrook M. D.

Jan 21, 1916 (Address) 1615 Eyrand Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem DATE OF BURIAL, Jan 24 1916

20-UNDERTAKER Thos F Doane & Son ADDRESS 1808 N Royal Ave

I.B. Entirety of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 142 C91482

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Donell W. Breashears

(Residence in Baltimore: No. Md Gen'l Hospital St.; ....yrs.. 6 mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1875 (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Laurel Miss

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Unknown

(Address)..... Laurel Miss

15 JAN 22 1916 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 11 1915, to Jan. 21 1916, that I saw him alive on Jan. 21 1916, and that death occurred, on the date stated above, at 1.15 p.m.

The CAUSE OF DEATH* was as follows:

..... General Sepsis .....

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

..... (Duration) ..... yrs. 5 mos. ..... ds.

(Signed) ..... S. L. Simmons ..... M. D.

Jan. 21, 1916. (Address) Md. Gen'l Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 5 mos. — ds. In the State 40 yrs. ..... mos. ..... ds.

Where was disease contracted; if not at place of death? —

Former or usual residence Laurel Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Md	Jan 23, 1916
20-UNDERTAKER	ADDRESS
Jno. T. Parker Sons	317 W. Lee St

NOTE.—Only such information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

C91483

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 E 28th St.; 17 Ward) REGISTERED No. C

2-FULL NAME James L Hemell

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 516 E. 28th St.; 85 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH, Aug 5 (Month), (Day), 1825 (Year)

7-AGE, 90 yrs. 5 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 655
(b) General nature of industry, business, or establishment in which employed (or employer): Butter Business

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, Capt John Hemell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ann Richardson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Hemell

(Address) 516 E. 28th St

15- JAN 22 1916 Filed, 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany. 20 (Month), (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1915, to Jany. 20 1916, that I saw h[im] alive on Jany. 19 1916, and that death occurred, on the date stated above, at 6.45 m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Infirmities of age

(Duration) yrs. mos. ds.

(Signed) Wm. O. Gillelan M. D.

Jan. 21, 1916. (Address) 2801 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Jan. 23, 1916

20-UNDERTAKER Wm Cook ADDRESS 503 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Blks.

C91484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C91484

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N. Fremont ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna G. Rothrock

(Residence in Baltimore: No. 506 N. Fremont ave St.; 51 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 21 (Day), 1865 (Year)

7-AGE, 47 yrs. 5 mos. ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Rothrock

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Martha Brant

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Nichols

(Address) 506 N. Fremont ave

15- Filed JAN 22 1916, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 20th (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept. 30th 1915 to January 20 1916, that I saw h[illegible] alive on January 20 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. (about) mos. ds.

CONTRIBUTORY (Secondary) Senile Asthenia

(Duration) yrs. mos. ds.

(Signed) James E. Williams M. D.

Jan 20 1916 (Address) 871 Hartman ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, January 22 1916

20-UNDERTAKER William Coat — ADDRESS 502 E North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91485

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 C91485

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Linden ave St.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert B. Pumphrey

(Residence in Baltimore: No. 1317 Linden ave St.; Age 82 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 4 1834 ~~1833~~
(Month) (Day) (Year)

7-AGE, 82 yrs. 9 mon. 16 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Meat Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): butcher

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Kezia Pumphrey

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert B. Pumphrey Jr

(Address) 1317 Linden ave

15- Filed JAN 22 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to Jan 20 1916, that I saw h~~im~~ alive on Jan 20 1916, and that death occurred, on the date stated above, at 11 30 p.m.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G. Lane Tanyhill M. D.

, 191... (Address) 1103 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dennisty Ridge — DATE OF BURIAL, Jan. 22 1916

20-UNDERTAKER Wm Cook — ADDRESS 902 E. North Ave

Dr. Tanyhill
1103 Madison ave

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

...plied. AGE should be stated EXACTLY. PHYSICIANS should state ...ay be properly classified. Exact statement of OCCUPATION is very ...

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97486 C91486

CERTIFICATE OF DEATH.

126

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Lehler (Koehler)

(Residence in Baltimore: No. 1640 Clarkson St St.; 48 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May 7, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 8 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Albert Koehler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferd Meyer

(Address) 1640 Clarkson St

15- JAN 22 1916 Filed, 191... HARRY O ABLEMUS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1915, to Jan 20 1916, that I saw h[im] alive on Jan 20 1916, and that death occurred, on the date stated above, at 2.05 a. m.

The CAUSE OF DEATH* was as follows:

1 Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

(Signed) Edward L. Leech M. D.

Jan 20 1916 (Address) 1711 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 22 ds. In the State 46 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1640 Clarkson St

Former or usual residence 1640 Clarkson St

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Jan 25, 1916.

20-UNDERTAKER Wm Cook ADDRESS 5026 North Ave

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91487

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C91487

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 159 N Bruce ST.; 19 WARD)

2-FULL NAME Sylvester Ferguson

(Residence in Baltimore: No. 159 N Bruce St.; — yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..., 1 (Day) ..... (Year)

7-AGE, 42 yrs. ..... mos. ..... dys.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Daniel Ferguson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ferguson

(Address) 23 E N Bruce St

15- Filed JAN 22 1916, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 19 1916, that I saw him alive on Jan 19 1916 and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

1st Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. H. McIntosh M. D.

1/20, 1916 (Address) 117 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Jan 22 1916

20-UNDERTAKER Hilbert Brown — ADDRESS 306 N Mount St

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91488 C91488

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 E. Madison St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James K. P. Jackson

(Residence in Baltimore: No. 1819 E. Madison St.; 71 yrs., 6 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 26", 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. 6 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker 34th
(b) General nature of industry, business, or establishment in which employed (or employer): Krause Bro.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James R. Jackson

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Sarah Bowers

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura J. Jackson

(Address) 1819 E. Madison St.

15- Filed JAN 22 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 20", 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1916, to Jan. 20, 1916, that I saw h.. alive on Jan. 19, 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

Jan. 22, 1916 (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Cem. DATE OF BURIAL, Jan 23, 191.6

20-UNDERTAKER Geo M. Fiss ADDRESS 811 W Lex

I. C. S.—Entry item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Bks.

C91489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 29

C91489

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Elizabeth Home ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Reynolds

(Residence in Baltimore: No. St Paul St ST.; 4 yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Jan (Month) 1 (Day) 191[illegible] (Year)

7-AGE, 4 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Felix B Foye

(Address) 10 E Mulberry St

15-JAN 22 1916 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 191 6, to Jan 21 191 6, that I saw h[illegible] alive on Jan 20 191 6, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward J. Fitzgerald M. D.

Jan 21, 191 6 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem DATE OF BURIAL, Jan 22, 1916.

20-UNDERTAKER Felix B Foye ADDRESS 10 E Mulberry

HEALTH DEPARTMENT—CITY OF BALTIMORE 120

CERTIFICATE OF DEATH.

091490

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1421 Myrtle avenue, ST. 14 WARD)

REGISTERED No. C 091490

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Reavis,

(Residence in Baltimore: No. 1421 Myrtle avenue, St.; yrs. 15 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, Unknown, (Month) ....., (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
44 yrs. ? mos. ? ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook, 876
(b) General nature of industry, business, or establishment in which employed (or employer)..... Lunch room.

9-BIRTHPLACE, (State or Country), North Carolina,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Reavis, wife,

(Address) 1421 Myrtle avenue

15- Filed JAN 22 1916, 191.. HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 20th (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary congestion,

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis, (Duration) ? yrs. ..... mos. ..... ds.

(Signed) J. Frederick Weigel M. D. (Coroner.)

Jan. 21st 1916 (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Patapsco	1/24 1916
20-UNDERTAKER Samuel Hemsley	ADDRESS 578 W Baltimore St

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91491 — 92 — C91491

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1819 Lemmon St. 15 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret Kehoe (Kehoe)

(Residence in Baltimore: No. 1819 Lemmon St. St.: 45 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: December 16, 1851 (Month) (Day) (Year)

7 AGE: 64 yrs. 1 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Patrick Kehoe

(Address) 1819 Lemmon St

15 JAN 22 1916 Filed ....., 191.

HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 18, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1916, to, Jan 18, 1916, that I saw h[illegible] alive on Jan 17th, 1916, and that death occurred, on the date stated above, at 7:45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed): Harry Goldberg M. D.

1-19, 1916 (Address) 2031 W Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: January 22, 1916

20 UNDERTAKER: George L Schmid & Bro — ADDRESS: 2101 Eutaw Ave

(Louis Nonnemacher)

C91492

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170

C91492

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2014 Lemmon St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Louis Nonnemacher

(Residence in Baltimore: No. 2014 Lemmon St.: 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January (Month) 5 (Day), 1853 (Year)

7-AGE: 63 yrs. 0 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 218

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Nonnemacher

(Address) 2014 Lemmon St.

JAN 22 1916 Filed ....., 191 HARRY O ARENDS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17. 1916. to Jan-21- 1916. that I saw h[illegible] alive on Jan-20- 1916. and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY): Uremic Coma

(Duration) 1 yrs. mos. ds.

(Signed) E. Heller Heyman M. D.

Jan 21, 1916 (Address) 2000 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery. DATE OF BURIAL: Jan. 23, 1916.

20-UNDERTAKER: Geo. L. Schwab & Bro. ADDRESS: 2101 Fred'k. Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91493

CERTIFICATE OF DEATH.

151

C91493

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 N Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Joseph Zimmerman

(Residence in Baltimore: No. 1804 N Mount St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Child

6-DATE OF BIRTH, Jany (Month) 21 (Day), 1916 (Year)

7-AGE, ✓ yrs. ✓ mos. ✓ ds. If LESS than 1 day. 1 hrs. or ✓ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Jos. Zimmerman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Antonette T Hummel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo C. Shannon

(Address) 700 Fulton ave

15- Filed JAN 22 1916, 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 21 1916, to Jany 21 1916, that I saw h im alive on Jany 21 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth (6 mos fetus)

(Duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Imperfect Development

(Duration) ✓ yrs. ✓ mos. ✓ ds.

(Signed) George C Shannon M. D.

Jany 21, 1916 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Jan 22, 1916

20-UNDERTAKER M Fallon Jr. Sons ADDRESS 406 Lafayette Ave

P.S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91491

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91491

CERTIFICATE OF DEATH.

80

REGISTERED No. C

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Old Women's Home

CITY OF BALTIMORE (No. 1400 W. Lexington ST. 19 WARD)

2. FULL NAME Sarah F. Maccubbin

(Residence in Baltimore: No. 1400 W. Lexington St.; yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feb. (Month) 6th (Day), 1840 (Year)

7-AGE, 75 yrs. 11 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robert Maccubbin

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Harriet Chittenden

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet Gilman

(Address) 1400 W. Lexington

15- FILED JAN 22 1916, 191... MARY O ANDREWS, Vital Records Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 20th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Sam'l Ehrlich M. D.
(Coroner)

Jan. 21st, 1916. (Address) 2302 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan. 22, 1916

20-UNDERTAKER Theo J. Smith — ADDRESS 1000 E. Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91495

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91495

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S Montford Ave St.; 1 WARD) REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredericka Hecker

(Residence in Baltimore: No. 520 S Montford Ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOW'ED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April (Month) 12 (Day), 1842 (Year)

7-AGE, 73 yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Hecker

(Address) 520 S Montford Ave

15- JAN 22 1916 101. MARY O ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 19 1916, that I saw her alive on Jan 18 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Rt. Inguinal Hernia

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Strangulation - Exhaustion

(Duration) 1 yrs. mos. 9 ds.

(Signed) C V Biker M.D.

Jan 21 101.6 (Address) 1005 Pattison St Bc

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Trinity Cem — DATE OF BURIAL, Jan 22, 1916

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C91496

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 S Linwood Ave ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Winterling

(Residence in Baltimore: No. 27 S Linwood Ave St.; 36 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan 7, 1838 (Month) (Day) (Year)

7-AGE, 58 yrs. — mos. 13 da.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Fred Winterling

(Address) 27 S Linwood Av.

15- JAN 22 1916 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to Jan 20 1916, that I saw her alive on Jan 19 1916, and that death occurred, on the date stated above, at 10 AM

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 10 da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. ....mos. ....da.

(Signed) J. Knox Insley M. D.

Aug. 21 1911 (Address) 2238 E Oaths

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, I.S.T. German Cem — DATE OF BURIAL, Jan 23, 1916

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern Av

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

C91497

(John P Heuermann)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C91497

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Gough ST.; W WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John P Heuermann

(Residence in Baltimore: No. 2003 Gough St. St.; 57 yrs. 11 mos. 15 da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb (Month) 4 (Day), 1858 (Year)

7-AGE, 57 yrs. 11 mos. 15 ds.

If LESS than 1 day. ....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Chris Heuermann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Thila Eubbus

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Catherine Heuerman

(Address) 2003 Gough St

15- Filed JAN 22 1916 HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 19th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Jan 19 1916, that I saw him alive on Jan 19 1916, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Double)

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) ....yrs. ....mos. ....ds.

(Signed) C S Neu M. D.

1/21/16 191... (Address) 408 S Ct St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem

DATE OF BURIAL, Jan 22, 1916

20-UNDERTAKER Peter Nicolaus

ADDRESS 204 Eastern Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91498 C91498

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1354 N Wholcoat ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. M. Cypres

(Residence in Baltimore: No. 1354 N Wholcoat St.; 47 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 31, 1868 (Month) (Day) (Year)

7-AGE, 55 yrs. 5 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William Cypres

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Elizabeth Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charlotte Cypres

(Address) 1354 N Wholcoat

15- JAN 22 1916 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Jan 21 1916, that I saw h— alive on Jan 20 1916, and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY: (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jno. H. Mc Dowell M. D.

Jan 21, 1916 (Address) 1204 Fleetwood Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Hill	Jan 23 1916
20-UNDERTAKER	ADDRESS
Chas. T. Haslup	1400 Pier

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91499

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91499

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2661 Pennsylvania Ave St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mike Lambros

(Residence in Baltimore: No. 2661 Pennsylv. Ave St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 25th (Day), 1898 (Year)

7-AGE, 17 yrs. 8 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fruit-dealer
(b) General nature of industry, business, or establishment in which employed (or employer): self

9-BIRTHPLACE. (State or Country), Greece.

PARENTS.

10-NAME OF FATHER, Gus Lambros

11-BIRTHPLACE OF FATHER (State or Country), Greece

12-MAIDEN NAME OF MOTHER Mary Stupeles

13-BIRTHPLACE OF MOTHER (State or Country), Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gus Lambros

(Address) 2661 Penn Ave

15- Filed JAN 22 1916, 191. ROBERT J. KRAUSE, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH January (Month) 21st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) La grippe

(Duration) yrs. mos. 5 ds.

(Signed) Wm. A. Daugh (Coroner.) M. D.

Jan 21, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Jan. 24, 1916

20-UNDERTAKER Josiah Lepse — ADDRESS 1600 N. Gaith Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec —5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91500 C91500

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 631 Jasper ST.: 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida S. Gassoway —

(Residence in Baltimore: No. 631 Jasper St.: 15 yrs.. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1883. (Year)

7-AGE, 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establisbment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Charles Co Md.

PARENTS.

10-NAME OF FATHER, Wiley Smith

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Harriet Wing

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno Gassaway

(Address) 631 Jasper St

15- JAN 22 1916 ROBERT . KRAUTH, Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1916 to Jan 20th 1916, that I saw h-er alive on Jan 19 1916, and that death occurred, on the date stated above, at 2.30A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) yrs. 2 mos. ds.

(Signed) Harry F Brown M. D.

Jan 21, 1916 (Address) 1501 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 1/22, 1916.

20-UNDERTAKER Samuel F Kemsley — ADDRESS 578 W Pratt

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91501

CERTIFICATE OF DEATH.

79 C91501

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 E Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles J. Petri

(Residence in Baltimore: No. 1206 E Eager St.; 48 yrs. — mos. 13 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan. (Month) 8 (Day), 1868 (Year)

7-AGE, 48 yrs. — mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Journeyman Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): Steam fitter 33

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jacob Petri

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Phillipina Shafer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY ~~KNOWLEDGE~~.

(Informant) Mrs. Margaret Petri

(Address) 1206 E. Eager St.

15- Filed JAN 22 1916 191. ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1915, to Jan. 21, 1916, that I saw h[illegible] alive on Jan. 21, 1916, and that death occurred, on the date stated above, at 8-9 m.

The CAUSE OF DEATH* was as follows:

I. Pneumonia Lobar

.....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

..... (Duration) ....yrs. 2 mos. ....ds.

(Signed) E. J. Peters, M. D.

Jan. 21, 1916 (Address) 1301 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Jan. 24, 1916

20-UNDERTAKER Henry Hoch Son — ADDRESS 1301 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

C91502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 151

C91502

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hofmeister

(Residence in Baltimore: No. St. Josephs Hospital St.; yrs.. mos. 13 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Jan (Month) 5 (Day), 1916. (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 13 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country) Maryland Balto

PARENTS.

10-NAME OF FATHER, George Hofmeister

11-BIRTHPLACE OF FATHER (State or Country), Owings Mills Md

12-MAIDEN NAME OF MOTHER Mary Mc Hale

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Hofmeister

(Address) Owings Mills Md

15- [illegible] KRAUTER, Burial Permit Clerk.

Filed JAN 22 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1916, to Jan 15 1916, that I saw him alive on Jan 15 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs....mos. 13 da.

CONTRIBUTORY (Secondary) Anemia

(Duration) ....yrs....mos. 1 da.

(Signed) H. L. Klemm M. D.

Jan 19 16, 191... (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 da. In the State ....yrs. ....mos. 13 da.

Where was disease contracted, if not at place of death? —

Former or usual residence Owings Mills Md

18-PLACE OF BURIAL OR REMOVAL. Carrolls Chapel

DATE OF BURIAL. Jan 22 1916

20-UNDERTAKER J. F. Edens

ADDRESS Reisterstown Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91503

CERTIFICATE OF DEATH.

10

C91503

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Aisquith St.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Baker

(Residence in Baltimore: No. 807 Aisquith st St.: 60 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 17 (Day), 1841 (Year)

7-AGE, 74 yrs. 8 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 575
(b) General nature of industry, business, or establishment in which employed (or employer): Street Paving

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Baker

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Mahan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Baker

(Address) 807 Aisquith st

15- Filed JAN 22 1916, 191. ROBERT . KRAUTER, Registrar Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to Jan 21 1916, that I saw h[illegible] alive on Jan 20 1916, and that death occurred, on the date stated above, at 6.55 a m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) [illegible] M. D.

Jan 21 1916. (Address) 2032 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	Jan 24th, 1916
20-UNDERTAKER George Schilling & Sons	ADDRESS 1146 E Monument st

Spec.—8-24-14—M. & T.—2000 Bks.

Moses Scott

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91504 — 92 — C91504

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Scott.

(Residence in Baltimore: No. 1104 N Port St. St.; ..... yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	colored	married

6-DATE OF BIRTH, October 10th, 1874
(Month) (Day) (Year)

7-AGE, 41 yrs. 3 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman 233
(b) General nature of industry, business, or establishment in which employed (or employer): Furnace Plant No 1

9-BIRTHPLACE, (State or Country), Prince Edward Co. Va

PARENTS.

10-NAME OF FATHER, Arian Scott

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Louisa Redd

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isabelle Scott

(Address) 1104 N. Port st

15- Filed JAN 22 1916 ROBERT . KRAUTER, Registrar. Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1916, to Jan 20 1916, that I saw h im alive on Jan 20 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia Pleurisy

(Duration) 0 yrs. ... mos. 8 ds.

(Signed) Chas V. Pritchett M. D.

Jan 20, 1916. (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 1104 Port St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Bay Va	Jan 22 1916
20-UNDERTAKER	ADDRESS
C. M. Underwood	1st Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

CB1505 (CB1505)

1-PLACE OF DEATH — REGISTERED No. C 157

CITY OF BALTIMORE (No. 325 S. Furrow ST. 20 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Geiger

(Residence in Baltimore: No. 325 S. Furrow. St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan. 20th, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Joseph Geiger

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Verna Schlaffer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Geiger

(Address) 325 S. Furrow St.

15-JAN 22 1916 ROBERT . KRAUTHE, Filed....., 191... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 21st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John T. Munnis M. D. (Coroner)

Jan 21st, 1916 (Address) 232 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Jan. 22 1916
20-UNDERTAKER	ADDRESS
A. S. Finkle	1921 N. Paca St.

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91506

CERTIFICATE OF DEATH.

4 170

C91506

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 778 W. Saratoga St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand. M. Smith

(Residence in Baltimore: No. 778 W. Saratoga St.; Life yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Jan. (Month) 6 (Day), 1847 (Year)

7-AGE, 69 yrs. 0 mos. 14 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter 328
(b) General nature of industry, business, or establishment in which employed (or employer): House (Master)

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Ferdinand M. Smith

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Sophia Hagner

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Melvina E. Smith

(Address) 778 W. Saratoga St.

15- JAN 22 1916 Filed, 191.

NOAH H. KRAUTH
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21st, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 25th 1916, to Jan 20th 1916, that I saw him alive on Jan 19th 1916, and that death occurred, on the date stated above, at 12 40 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robt. J. Murray Jr. M. D.

Jan. 21, 1916. (Address) 510 N. Fremont Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	Jan. 23, 1916.
20-UNDERTAKER	ADDRESS
Jos. Jourdens, Jun	217 S. Poca

Spec.—5-19-13—M. & T.—500 Bks.

C91507 C91507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 E. Fort St. 23 WARD) REGISTERED NO. C 170

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas C. Kaylor

(Residence in Baltimore: No. 102 E. Fort Ave St.) 74 yrs. 6 mos. 5 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, June (Month) 13 (Day), 1836 (Year)

7-AGE, 79 yrs. 6 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): on Boat

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Kaylor

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Walker

(Address) 102 Fort Ave

15- Filed JAN 22 1916, 191.... ROBERT J. KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1916, to Jan 19 1916, that I saw him alive on Jan 19 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Hemorrhage Cerebral

(Duration) ....yrs. ....mos. 3 ds.

(Signed) G. H. Harrison Jr. M. D.

Jan 26, 1916 (Address) 835 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetary — DATE OF BURIAL, Jan 22, 1916

20-UNDERTAKER Wm J. E. Evans Sons — ADDRESS 1438 E Chase St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91508

CERTIFICATE OF DEATH.

C91508

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Poplar Grove St. 16 WARD) REGISTERED NO. C 120

2-FULL NAME Mary A. Schroeder

(Residence in Baltimore: No. 1113 Poplar Grove St.; 47 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept. 20th, 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Hardage

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Augusta Hanecke

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Schroeder

(Address) 1113 Poplar Grove St

15- Filed JAN 22 1916 191. NORBERT . KRAUTNER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 20th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1912, to Jan 20 1916, that I saw h— alive on Jan 19 1916, and that death occurred, on the date stated above, at 1. P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 2 ds.

(Signed) [illegible] M. D.

Jan 21, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, Jan. 23rd, 1916

20-UNDERTAKER Mrs. & Mrs. John H. Deupel ADDRESS No. W. Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S.A. FEE TAX

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91509 C91509

CERTIFICATE OF DEATH.

61

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. 59 N. Catherine ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Carita Gallagher

(Residence in Baltimore: No. 59 N. Catherine St.; Life time yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED; (Write the word.) Single

6-DATE OF BIRTH November 8, 1913 (Month) (Day) (Year)

7-AGE, 2 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Walter J Gallagher

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Emma M. Lupton

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter J. Gallagher

(Address) 59 W. Catherine St.

15- JAN 22 1916 ROBERT . KRAUTH
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 19", 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Jan 19 1916, that I saw h[illegible] alive on Jan 19 1916, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Autoinfection

(Duration) yrs. mos. 2 ds.

(Signed) Martha E. Krauchman M. D.

Jan 20, 1916. (Address) 2002 N Fetherington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, JAN 22 1916, 191..

20-UNDERTAKER Geo A Gerbig ADDRESS Balto & Payson 8th

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91510

CERTIFICATE OF DEATH.

170 C91510

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Susannah Alexander

(Residence in Baltimore: No. 1020 Linden Ave St.: (Several) yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec. 5, 1830.
(Month) (Day) (Year)

7-AGE, 85 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country) Accomac Co Virginia

PARENTS.

10-NAME OF FATHER, Asa Ashby.

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Mary Paddelford Ashby.

13-BIRTHPLACE OF MOTHER (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. Morans

(Address) 1020 Lindenave

15- Filed JAN 22 1916 191 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 6, 1916, to January 21, 1916, that I saw her alive on January 21, 1916, and that death occurred, on the date stated above, at 3.54 P m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Dilatation

24 hours duration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis Unknown

(Duration) yrs. mos. ds.

(Signed) H. D. Shannon M. D.

Jan. 21, 1916. (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State unknown yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1020 Linden Avenue

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Jany 24th., 1916.

20-UNDERTAKER Henry W. Perkins & Sons Co

ADDRESS Cook & Orchard Sts.

C91511

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 C91511

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1706 Lancaster ST. 2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Stanislaus Kwiatowski,

(Residence in Baltimore: No. 1706 Lancaster St.: 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6 DATE OF BIRTH Don't Know, 1 (Month) (Day) (Year)

7 AGE 84 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer) Genral.

9 BIRTHPLACE (State or country) Germany.

PARENTS

10 NAME OF FATHER Wawrzyn Kwiatoski

11 BIRTHPLACE OF FATHER (State or country) Germany,

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (State or country) Dont Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Kostozya Lewotouske

(Address) 1706 Lancaster St.

15 JAN 22 1916 Filed, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 21, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1916, to. Dec 21, 1916.

that I saw h[illegible] alive on Dec 21, 1916.

and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonities of old age

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY) Obstruction

(Duration) yrs. mos. 19 ds.

(Signed) Fort Miller M. D.

Jan 21, 1916. (Address) 1721 Caston ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St. Stanislaus. DATE OF BURIAL January 24, 1916.

20 UNDERTAKER M F Sadowski ADDRESS 705 S. Ann St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91512 C91512

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 227 N Durham ST. 6 28 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Mott.

(Residence in Baltimore: No. 227 N Durham St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... Nov. ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
33 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15 JAN 22 1916 Filed ..... 191.....

HORNEY, KRAUTH, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 8th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Russell M. D.
(Coroner.)

Jan 8 1916 (Address) 15 N Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL.	..... 19....
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES.

329

Morgue

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91513

CERTIFICATE OF DEATH.

C91513

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Nursery + Child Hosp. St.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Dietz.

(Residence in Baltimore: No. Franklin + Lefrowder St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Child

6-DATE OF BIRTH. Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE (Judge 8 mos) Unknown yrs. 8 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Brought by

13-BIRTHPLACE OF MOTHER (State or Country). Capt. Mohrmann

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery + Child Hosp.

(Address).....

15- JAN 22 1916 Filed ....., 191... Burial Permit Clerk. ROBERT . KRAUTER, Registrar.

Morgue

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 3 1915, to Dec. 27 1915, that I saw h.. alive on Dec. 27 1915, and that death occurred, on the date stated above, at 4 1/2 a.m.

The CAUSE OF DEATH* was as follows:

.....

Bronchio Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Measles

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar F. Friedenwald M. D.

Dec. 27, 1915 (Address) 1.6.16 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 4 mos. 24 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
HOPKINS HOSPITAL.	....., 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91514 x 92 C91514

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hohenemann Genl Hospital St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Charles Luckenbaugh.

(Residence in Baltimore: No. Hahnemann Genl Hosp St.; yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 15 (Day) 1877 (Year)

7-AGE: 38 yrs. 8 mos. 6 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Driver, Gd
(b) General nature of industry, business, or establishment in which employed (or employer): Frd Ex Coal Wagon

9-BIRTHPLACE (State or country): Glen Mills Pa.

PARENTS

10-NAME OF FATHER: Jesse Luckenbaugh

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Susan Hindle

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs M E Morrison

(Address) 612 N Carey St

15- Filed JAN 22 1916 ROBERT . KRAUTH, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 21 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 19, 1916, to January 21 1916, that I saw him alive on January 21 1916, and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) Richard F Steelman M. D.

Jany 21, 1916 [Address] 1227 N Lafayette Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos 2 ds. In the State yrs mos ds.

Where was disease contracted if not at place of death? 28 N Hayward ave, Balto

Former or usual residence 28 N Hayward Ave

19-PLACE OF BURIAL OR REMOVAL: Glen Mills, Pa

DATE OF BURIAL: Jan 24 1916

20-UNDERTAKER: Jos. B Cook

ADDRESS: 602 W Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91515

92 C91515

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 641 West Fayette St.: 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Haberlein

(Residence in Baltimore: No. 641 West Fayette St.: 1 yrs. 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	Child

6-DATE OF BIRTH February 27, 1909 (Month) (Day) (Year)

7-AGE 6 yrs. 10 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) New York City

PARENTS

10-NAME OF FATHER Phillip Ferdinand Haberlein

11-BIRTHPLACE OF FATHER (State or country) New York.

12-MAIDEN NAME OF MOTHER Julia Spitko

13-BIRTHPLACE OF MOTHER (State or country) New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Phillip Haberlein

(Address) 641 West Fayette St.

15. JAN 22 1916 ROBERT . KRAUTH, Special Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January 20, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 14, 1916, to January 20 1916, that I saw her alive on January 14, 1916, and that death occurred, on the date stated above, at 12:00 noon m.

The CAUSE OF DEATH* was as follows:

postmorcuria meningitis

(Duration) — yrs. — mos. 7 ds

Contributory (SECONDARY) lobar pneumonia

(Duration) — yrs. — mos. 8 ds.

(Signed) Chester Riland., M. D.

January 20, 1916 (Address) 2532 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Presbyterian Cem. DATE OF BURIAL Jan 22 1916

20-UNDERTAKER Joseph B. Cook & Co ADDRESS 1003 W Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C091516 — 172 CB1516

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. Johns Hopkins Hospital ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H White

(Residence in Baltimore: No. 908 Ryan Av. St.; 24 yrs., 6 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 19th (Day) 1891 (Year)

7-AGE, 24 yrs. 6 mos. 0 ds. — If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter 718
(b) General nature of industry, business, or establishment in which employed (or employer): Ships

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William White

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mahoney

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna White

(Address) 908 Ryan Av.

15- JAN 22 1916 ROBERT . KRAUTH, Filed ....., 191.... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (Accident)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

Jan 20th, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of denth ..... yrs. ..... mos. ..... ds. In the State 24 yrs. 6 mos. 0 ds.

Where was disease contracted, if not at place of death? Steamer Indiana Canton

Former or usual residence 908 Ryan Av.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	Jan 24 1916

20-UNDERTAKER Joseph L. Bloom & Co. ADDRESS 1003 W Balto St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91517 92 C91517

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2214 N Fayette St. 70 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Catherine Fox
(Residence in Baltimore: No. 2214 N Fayette St.) (If not in Baltimore, give State or Country.) (If under 1 year, give age in yrs., mos., ds. 63 yrs. 5 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single
6-DATE OF BIRTH, Sept 10th 1848 (Month) (Day) (Year)
7-AGE 67 yrs. 4 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Va "

PARENTS.
10-NAME OF FATHER, Wm Fox
11-BIRTHPLACE OF FATHER (State or Country). Va "
12-MAIDEN NAME OF MOTHER Natalie Walsh
13-BIRTHPLACE OF MOTHER (State or Country). Va "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Lydia Hudson
(Address) 2214 N Fayette St

15- JAN 22 1916 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20th 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11th 1916, to Jan 20th 1916, that I saw h[er] alive on Jan 19th 1916, and that death occurred, on the date stated above, at 1.15 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Right & Left Lobes Other
(Duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Influenza
(Duration) yrs. 10 mos. ds.

(Signed) Ethel R. Mortimer M. D.
Jan 22nd 1916 (Address) 530 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Peters Cem
DATE OF BURIAL. Jan 22, 1916
20-UNDERTAKER Jos B Cook
ADDRESS 1003 W Belle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C91518

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2481 Druid Hill Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Finkleman

(Residence in Baltimore: No. 2481 Druid Hill Ave ST.; 11 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Felmale

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jans — 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Meyer Michael

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER Imkon

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1419 E Balto St

15- JAN 22 1916 Filed 191

ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1915, to Jan 22 1916, that I saw her alive on Jan 21 1916, and that death occurred, on the date stated above, at 7.20 A m.

The CAUSE OF DEATH* was as follows:

Asthma

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) yrs. mos. 6 ds.

(Signed) Leonard G. Brack M. D.

Jan 22, 1916 (Address) 1 E 21st St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Phila Pa

DATE OF BURIAL, Jan 24, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1419 E. Balto St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Meyer Mayers.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91519 64 C91519

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1707 N Hanover St.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Meyer Mayers

(Residence in Baltimore: No. 1707 N Hanover St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1873 (Year)

7-AGE, 43 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Proprietor 655
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Store

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Balto St

15-JAN 22 1916 ROBERT J. KRAUTH, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21 (Month) (Day), 1916 (Year).

17-I HEREBY CERTIFY, That I attended deceased from July 17th 1916, to July 21st 1916, that I saw h— alive on July 20th 1916, and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 hr.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 1 yrs. 0 mos. ds.

(Signed) Alber Block M. D.

July 21, 191.6 (Address) 1228 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Run — DATE OF BURIAL, Jy 23, 191.6

20-UNDERTAKER Jack Lewis — ADDRESS 1419 E Balto St

Every item of information should be carefully supplied. The exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

(31520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 (31520

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Eutaw Place ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Strauss

(Residence in Baltimore: No. 2106 Eutaw Place St.; 57 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec 7, 1840 (Month) (Day) (Year)

7-AGE, 75 yrs. 1 mos. 12 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Roger Strauss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Clara

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Strauss

(Address) 2106 Eutaw Pl.

15-JAN 22 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Jany (Day) 21st, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from August 1913. to Jany 21st 1916, that I saw h[er] alive on Jany 20- 1916, and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Heart Failure)

(Duration) 7 yrs. 5 mos. ds.

(Signed) Louis P. Hamburger M. D.

Jany 22, 1916 (Address) 1707 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Balt Hebrew Cy	Jany 23, 191..
20-UNDERTAKER Kard Goodman	ADDRESS 1128 Eutaw St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

C91521

74 C91521

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2226 E Monument ST. 7 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Hunterson

(Residence in Baltimore: No. 2226 E Monument St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, March 25th, 1870.
(Month) (Day) (Year)

7-AGE, 45 yrs. 10 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) O Hunterson

(Address) 2226 E Monument St

15- Filed JAN 22 1916 ROBERT . KRAUT Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. P. Connor M. D.
(Coroner.)

Jan 24, 1916. (Address) 1 E Mulberry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bethel Friendship	Jan 23, 1916
20-UNDERTAKER	ADDRESS
Wm Boudrieu	118 W Lexington St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91522

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 E. Monument St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Robbins

(Residence in Baltimore: No. 1638 E. Monument St.; 4 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 49 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Ct Home
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Frey

(Address) 1638 E. Monument

15- JAN 22 1916 Filed, 191 ROBERT E. KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1916, to Jan 21 1916, that I saw h alive on Jan 20 1916, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

La Grippe

Complicated with Chronic Pneumonia

(Duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary) La Grippe Colds

(Duration) yrs. mos. 7 da.

(Signed) W. C. Burns M. D.

Jan 21 1916 (Address) 2212 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Jan 23, 1916

20-UNDERTAKER Robert A Elliott

ADDRESS 506 East Pratt

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91523 30 C91523

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emilie Thomas

(Residence in Baltimore: No. 403 mc Callis St.; yrs., mos., ds.) life

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	Black	Single

6-DATE OF BIRTH, December 13, 1914. (Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto.

PARENTS.

10-NAME OF FATHER, John Taylor

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Marie Thomas

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed JAN 22 1916, 191 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 17 1916, to January 20 1916, that I saw her alive on January 20 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) Gilbert W. Rosenthal M. D.

Jan. 22., 191 6 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 403 McCallis

19-PLACE OF BURIAL OR REMOVAL, Laural Cemetary — DATE OF BURIAL, Jan 22., 1916

20-UNDERTAKER Robert A Elliott — ADDRESS 506 East Pl

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91524 — 20 — C91524

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Jenkins Alley ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Brown

(Residence in Baltimore: No. 1114 Jenkins Alley St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, June 11 (Month) (Day), 1886 (Year)

7-AGE, 29 yrs. 7 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Md. Balto.

PARENTS.

10-NAME OF FATHER: Nelson Sollers

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Alice Jackson

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Aboty Carroll

(Address) 1126 Jenkins Ave

15-JAN 22 1916 ROBERT J. KRAUSE, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 20th (Month) (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 6th 1916, to January 20th 1916, that I saw h[er] alive on Jan 12th 1916, and that death occurred, on the date stated above, at 3:30 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonic Phthisis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. ds.

(Signed) H. Lee Elliott M. D.

Jan 22, 1916. (Address) 924 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion — DATE OF BURIAL, Jan. 23, 1916

20-UNDERTAKER Robert J. Elliott — ADDRESS 506 East

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Gordon W. Pirie

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91525 — 9 C91525

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 834 W Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gordon W. Pirie

(Residence in Baltimore: No. 834 W Lombard St.; ..yrs., mos. ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, July 11, 1915 (Month) (Day) (Year)

7-AGE	If LESS than 1 day.
..yrs. 11 mos. 11 ds.	..hrs. or..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edwin Pirie

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Margaret Pirie

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant:) Margaret Pirie

(Address) 834 W Lombard

15- Filed JAN 22 1916 ROBERT J. KRAUTH, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1916, to Jan 21 1916, that I saw him alive on Jan 21 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Diptheria Laryngitis

(Duration) ..yrs. ..mos. 2 ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) ..yrs. ..mos. 1 ds.

(Signed) G Wurdeman Rosenau M. D.

Jan 22, 1916. (Address) 19 S Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Jan 23, 1916

20-UNDERTAKER Lovelock — ADDRESS 20 E Pratt

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91526 C91526

CERTIFICATE OF DEATH.

10

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N Streeper ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Leroy Jefferson

(Residence in Baltimore: No. 114 N Streeper St ST.; 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, December (Month) 12 (Day), 1915 (Year).

7-AGE,	If LESS than 1 day,
— yrs. 1 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Meredith C Jefferson

11-BIRTHPLACE OF FATHER (State or Country) Winchester Va

12-MAIDEN NAME OF MOTHER Edith V. Birley

13-BIRTHPLACE OF MOTHER (State or Country) Carrol Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Meredith C. Jefferson

(Address) 114 N. Streeper

15- Filed JAN 22 1916 ROBERT . KRAUTH, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 22 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1916, to Jan 22 1916, that I saw h[er] alive on Jan 21 1916, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Tar-Grippe

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions and Exhaustion (Duration) ....yrs. ....mos. 1 ds.

(Signed) Adolph C. Eisenhart M. D.

Jan 22, 1916 (Address) 2201-3 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL, Jan 23, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91527 C91527

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Franklin Sq. Hosp. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Vacek

(Residence in Baltimore: No. 802 N. Bradford St.) (Or 29 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, Not Known, (Month) (Day) 1 (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker 36
(b) General nature of industry, business, or establishment in which employed (or employer): Bread (Helper)

9-BIRTHPLACE, (State or Country): Bohemia

PARENTS.

10-NAME OF FATHER: John Vacek

11-BIRTHPLACE OF FATHER (State or Country): Bohemia

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Vacek

(Address) 802 N. Bradford St.

JAN 22 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 21 1916, that I saw him alive on Jan 21 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. E. Marr M. D.

Jan 21 1916. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 802 N. Bradford St.

19-PLACE OF BURIAL OR REMOVAL: Oak Hill — DATE OF BURIAL: Jan 23, 1916

20-UNDERTAKER: Frank Enoch & Son — ADDRESS: 1904 Eastland

MARRIAGE RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C91528 C91528

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 170

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle Johnson

(Residence in Baltimore: No. St. Joseph's Hospital St.: yrs., mos. 11 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 32 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Peter Joyce.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Billsinger

(Address) Elliott St. Md.

15- JAN 22 1916 ROBERT . KRAUT[illegible], Filed ....., 191..... Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1916, to Jan 22 1916, that I saw her alive on Jan 21 1916, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Ch. Interstitial Nephritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Glottis

(Duration) 2 yrs. mos. 1 ds.

(Signed) Ernest McKeon M. D.

Jan 22 191 6 (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State 32 yrs. mos. ds.

Where was disease contracted, if not at place of death? Elliott City

Former or usual residence Elliott City

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Mary's Cem. Annandales	Jan. 24. 1916
20-UNDERTAKER	ADDRESS
L Billsinger & Sons	Elliott City

Hattie Priedel

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91529 C91529

CERTIFICATE OF DEATH.

X108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 ST.; ..... WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Priedel

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) unknown (Day) ....., 1877 (Year)

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph M. Noble

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Wright

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. C. Broadus

(Address) Govans Md.

15- JAN 22 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1/22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/21 1916, to 1/22 1916, that I saw h[illegible] alive on 1/23 1916, and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Ingrowing Appendix

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) H. W. Klein M. D.

1/22, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. 6 mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Cockeysville Md.

NAME OF BURIAL OR REMOVAL Cockeysville — DATE OF BURIAL, Jan 24, 1916

20-UNDERTAKER W. C. Broadus — ADDRESS Govans Md.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91530 × 92 C91530

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha E. Miller

(Residence ~~in Baltimore~~: No. Mercy Hospital St.; yrs., mos. 17 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Aug. 10, 1872. (Month) (Day) (Year)

7-AGE, 43 yrs. 5 mos. 12 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Public Schools

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William F. Miller

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Hewitt Cashner

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Wm. Hewitt

(Address) Albert St.

15- Filed JAN. 22. 1916, 191... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Jan 22 1916, that I saw h[illegible] alive on Jan 22 1916, and that death occurred, on the date stated above, at [illegible]m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Jan 22 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 17 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? When [illegible]

Former or usual residence Jeffersonville Ind.

19-PLACE OF BURIAL OR REMOVAL, New Windsor Md. DATE OF BURIAL, Jany 25 1916.

20-UNDERTAKER Geo A Gerber ADDRESS Balto Hayes St.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91531 — 105 C91531

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2203 Ellis St. 14 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Phillip P. Hughes

(Residence in Baltimore: No. 2203 Ellis St.: yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Blk	Married

6 DATE OF BIRTH: June (Month) 12 (Day), 1842 (Year)

7 AGE: 73 yrs. 5 mos. 9 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Hostler — 62
(b) General nature of industry, business, or establishment in which employed (or employer): Carriage Driver

9 BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: James Hughes

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Lucy Knox

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Hughes

(Address) 2203 Ellis St

Filed JAN 23 1916, 191

ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1/8, 1916, to 1/21, 1916.

that I saw h[illegible] alive on 1/21, 1916.

and that death occurred on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Ac Gastro Enteritis

(Duration) yrs. mos. 10 ds.

Contributory (SECONDARY) Pneumonia (?)

(Duration) yrs. mos. 1 ds.

(Signed) L. Bruchelli M. D.

Jan 22, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Washington D.C.

DATE OF BURIAL: Jan 23, 1916

20 UNDERTAKER: Daniel Easton

ADDRESS: 916 Penna Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91532

103 C91532

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 608 Smith ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Henry J. Ilseman

(Residence in Baltimore: No. 608 Smith St.; 41 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: December 7, 1875 (Month) (Day) (Year)

7 AGE: 41 yrs. mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Store Keeper 655
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: August Ilseman

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Annie Ilseman

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daniel Easton

(Address) 916 Penna ave

15 Filed JAN 23 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 21, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19th, 1916, to Jan 21st 1916, that I saw him alive on Jan 21, 1916, and that death occurred, on the date stated above, at 8a, m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis & Anaemia

(Duration) ..... yrs. ..... mos. 6 wks

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Chas H. Burnett M. D.

Jan 22, 1916 (Address) 1100 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: Jan 25, 1916

20 UNDERTAKER: Daniel Easton — ADDRESS: 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91533

CERTIFICATE OF DEATH.

92 C91533

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Canton Ave. St.; 2 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Czeslawa Koch

(Residence in Baltimore: No. 1729 Canton Ave. St.; 2 yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Sg

6-DATE OF BIRTH: Dec. (Month) 2 (Day) 1913 (Year)

7-AGE: 2 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country): Union Bridge, Md

PARENTS.

10-NAME OF FATHER: Antoni Koch

11-BIRTHPLACE OF FATHER (State or Country): Russian Poland

12-MAIDEN NAME OF MOTHER: Wanda Karwoska

13-BIRTHPLACE OF MOTHER (State or Country): Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antoni Koch

(Address) 1729 Canton Ave

15-Filed JAN 23 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 22 1916, that I saw h[illegible] alive on Jan 21 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

(Signed) William F. Kraus M. D.

Jan 26, 1916. (Address) 1618 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Jan. 24, 1916

UNDERTAKER William Gielkowski — ADDRESS 1618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91534 C91534

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1539 Aliceanna ST.; 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Anders

(Residence in Baltimore: No. 1539 Aliceanna St.; 40 yrs., mos. ds.)

MATCHING RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH. October 17, (Month) (Day) 1846 (Year)

7-AGE, 69 yrs. 3 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Va.

PARENTS.

10-NAME OF FATHER, Benjamin Anton

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Dester Donohue

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Harry

(Address) 1539 Aliceanna St.

15-JAN 23 1916 ROBERT . KRAUTER, Registrar.

Filed....., 191. ....., Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 23 1915, to Jan. 20 1916, that I saw her alive on Jan 20 1916, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John H. Rahlberger M. D.

Jan 21, 1916 (Address) 1709 Aliceanna St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	Jan 23, 1916
20-UNDERTAKER H. Sander & Sons	ADDRESS 710 Gilmor

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C91535

CERTIFICATE OF DEATH.

REGISTERED NO. C 91535

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Eastern Ave ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wachter

(Residence in Baltimore: No. 1713 Eastern Ave St.; Life yrs. mos. ds.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July 5th, 1860 (Month) (Day) (Year)

7-AGE, 55 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manager 87
(b) General nature of industry, business, or establishment in which employed (or employer): Liquor Store

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John A. Wachter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Flügel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Wachter

(Address) 2407 E Baltimore St

15-JAN 23 1916 ROBERT . KRAUTER, Filed....., 191.. Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 20th 1915, to Jan. 21st 1916, that I saw h— alive on Jan. 21st 1916, and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Followed by Paralysis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) ....yrs. 5 mos. ....ds.

(Signed) Herman L. Elling M. D.

Jan. 21st, 1916. (Address) 1702 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Jan 24 1916
20-UNDERTAKER H. Sander & Sons	ADDRESS 1310 Fluts

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91536

CERTIFICATE OF DEATH.

89

C91536

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 E Fayette St.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Rifkel

(Residence in Baltimore: No. 2130 E Fayette St. St.; 65 yrs., mos. ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 20, 1825 (Month) (Day) (Year)

7-AGE, 90 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Kifp

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Rifkel

(Address) 2136 Fayette St

15-JAN 23 1916 ROBERT . KRAUTER, Burial Permit Clerk

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January, 21, 1916 (Month) 21 (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1916, to Jan 20 1916, that I saw her alive on Jan 20 1916, and that death occurred, on the date stated above, at 1130 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) yrs. mos. ds.

(Signed) J. H. Lollenberg M. D.

....., 191... (Address) 1810 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, 23 Jan 1916

20-UNDERTAKER John Henry & Co ADDRESS 2008 Orleans St

C91537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 C91537

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 608 E 27th ST. 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Clarence M Bell

(Residence in Baltimore: No. 608 E 27th St.; yrs., mos. 8 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Infant

6-DATE OF BIRTH, ... Jan 14th, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 8 ds.
If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Joseph H Bell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma J Scott

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma J Bell

(Address) 608 East 27th

15- JAN 23 1916 ROBERT J. KRAUTER Burial Permit Clerk

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 22nd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an for ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. L. Conner M. D.
(Coroner)

Jan 22nd, 1916 (Address) 1211 Hilton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, Jan 24 1916

20-UNDERTAKER William Cook

ADDRESS 502 N North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

Henry C. Steen

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91538

CERTIFICATE OF DEATH.

180 C91538

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 N. Front ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry C. Steen

(Residence in Baltimore: No. 607 N. Front St.; 62 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 27 (Day), 1854 (Year)

7-AGE, 74 yrs. 8 mos. 24 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Store keeper Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing 65

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Steen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lankford

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thompson

(Address) 172 Ellamont St.

15- Filed JAN 23 1916 ROBERT . KRAUTER, Assistant Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 21st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 9th 1915, to June 21st 1916, that I saw h last alive on June 21st 1916, and that death occurred, on the date stated above, at 4.20 p.m.

The CAUSE OF DEATH* was as follows:

Contusion Abdomen Traumatic

Peritonitis

..... (Duration) 1 yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) C. Elliott Dingman M. D.

July, 1916 (Address) 502 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Jan 24 1916

20-UNDERTAKER Wm Cook. — ADDRESS 502 Hartford

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91539 C91539

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph Hospital. St.: 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Mary Miller

(Residence in Baltimore: No. 407 E. 27th St. St.: 2 yrs. 7 mos. 22 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 31 (Day), 1913 (Year)

7-AGE, 2 yrs. 7 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas J Miller

11-BIRTHPLACE OF FATHER (State or Country), Kansas

12-MAIDEN NAME OF MOTHER Nellie O'Brien

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Nellie Miller
(Address) 407 E 27th St

15-JAN 23 1916 ROBERT . KRAUTER,
Filed....., —191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 22 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 19 1916, to Jan 22 1916, that I saw h[illegible] alive on Jan 22 1916, and that death occurred, on the date stated above, at 8a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia,

Acute Nephritis (Duration) 1 yrs. mos. 2 ds.

(Signed) Oscar L. Tankersley M. D.

Jan 22, 1916. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? not known
Former or usual residence 407 E. 27th St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan 25, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North

C91540

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91540

CERTIFICATE OF DEATH.

1 PLACE OF DEATH
CITY OF BALTIMORE (No. Franklintown Hospt St., 6 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles Niendecker

(Residence in Baltimore: No. 17 11 Chapel St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Sept. (Month) 13th (Day), 1884 (Year)

7-AGE. 31 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 24th
(b) General nature of industry, business, or establishment in which employed (or employer): Tin Roofer

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Henry Niendecker

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Annie Schultz

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Niendecker

(Address) 17 11 Chapel St.

15- JAN 23 1916 ROBERT . KRAUTER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 21st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fall off roof

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Fractured Skull

(Duration) ....yrs. ....mos. ....ds.

(Signed) Louis Kentz M. D.
(Coroner)

Jan 17th, 1916. (Address) 1302 Mahon Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1½ ds. In the State 31 yrs. 4 mos. 7 ds.

Where was disease contracted, if not at place of death? 414 Laborg St

Former or usual residence 17 11 Chapel St.

19-PLACE OF BURIAL OR REMOVAL, Most Holy Redeemer — DATE OF BURIAL, January 24 1916

20-UNDERTAKER, Wendel Kapp & Son — ADDRESS 37 S. Amity

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91541

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 C91541

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1246 Wolfe St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kunigunda Eder

(Residence in Baltimore: No. 1246 Wolfe St. 60 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH: January 21 (Month) (Day) 1846 (Year)

7-AGE: 70 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Joseph Beinlein

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna Eder

(Address) 124 N Wolf st

15- Filed JAN 23 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 21 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20, 191..., to, Jan 21 1916, that I saw h.. alive on Jan 21 1916, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (F.F.700)

Diabetis (unknown)

... (Duration) ... yrs. ... mos. 2 ds.

Contributory (SECONDARY) Cerebral Congestion

... (Duration) ... yrs. ... mos. ... ds.

(Signed), ... M. D.

Jan 23 191.. [Address] 143 N Pine

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: West Poly Redeemer — DATE OF BURIAL: Jan 23, 1916

20-UNDERTAKER: Medd Appel & Son — ADDRESS: 372 S Arm St

C91542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 17 2

C91542

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Md Hosp ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E Stephens

(Residence in Baltimore: No. University Hospital St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) Oct (Day) ..... (Year) 1848

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) ..... House .....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Jacob Stephens

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Sarah A Sharrer

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank E Sharrer

(Address) Westminster Md

15- JAN 23 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Broncho Pneumonia

..... Fell from roof of house

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Concussion of brain +

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

Jan 23 1916 (Address) 242 W Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 68 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Westminster, Md

Former or usual residence Westminster

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westminster Md	Jan 24, 1916
20-UNDERTAKER	ADDRESS
W M Routson	230 N Green

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91543 — 79 C91543

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. S. W. Cor Franklin St + Fulton Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Jane A. Reynolds,

(Residence in Baltimore: No. Home for Aged of the M. E. Church St.; Life yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jany 10, 1835 (Month) (Day) (Year)

7-AGE, 81 yrs. 5 mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, William Summerville

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Lorcison Magnes

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of M. E. Home

(Address) Miss E R. Meashaw Superintendent

15- JAN 23 1916 Filed ....., 191. ROBERT F. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 5 1916, to Jany 22 1916, that I saw h er alive on Jany 20 1916, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Rheumatism Chronic

(Duration) 10 yrs. mos. ds.

(Signed) Geo E Shannon M. D.

Jany 23, 1916 (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 12 yrs. mos. ds. In the State 81 yrs. mos. 12 ds.

Where was disease contracted, if not at place of death? Home for Aged

Former or usual residence Home for Aged.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Jan. 24, 1916.

20-UNDERTAKER George J Smith — ADDRESS Fayette st

KODAK • SAFETY FILM

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91544 C91544

CERTIFICATE OF DEATH.

REGISTERED NO. C 19

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 867 W Lexington ST.: 18 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelius L Knott

(Residence in Baltimore: No. 867 W. Lexington St.: 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Mch 10, 1847
(Month) (Day) (Year)

7-AGE, 68 yrs. 10 mos. 11 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Police Sergeant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Montgomery Co. Md.

PARENTS.

10-NAME OF FATHER Hanistan Knott

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Thos L. Knott
(Address) 867 W Lexington St

15- Filed JAN 23 1916 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to Jan 21 1916, that I saw h— alive on Jan 21 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:
Organic Disease of Heart
Senile Pneumonia
(Duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Pulmonary Oedema
(Duration) yrs. mos. Shr. ds.

(Signed) H. E. Motter M. D.
Jan 22, 1916. (Address) 939 W Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	Jan 24, 1916
20-UNDERTAKER John A Horan & Co	ADDRESS Bank

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

A 33059 C91545 — 42 C91545

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3341 Paine ST.; 13 WARD) (Daniels)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura V. Daniels

(Residence in Baltimore: No. ~~Dept.~~ 3341 Paine St.; 33 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Dec (Month) 10 (Day), 1880 (Year)

7-AGE, 35 yrs. 1 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Carroll county Md

PARENTS.

10-NAME OF FATHER, Mr. Roberts

11-BIRTHPLACE OF FATHER (State or Country), Fredrick Md

12-MAIDEN NAME OF MOTHER Susan Kidd

13-BIRTHPLACE OF MOTHER (State or Country), Fredrick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Shea

(Address) 3341 Paine St

15- ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

Filed JAN 23 1916 191

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Jany 21 1916, that I saw h[illegible] alive on July 21 1916, and that death occurred, on the date stated above, at 840 a. m.

The CAUSE OF DEATH* was as follows:

Cancer Uterus

Clinical Diagnosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 12 ds.

(Signed) [illegible] M. D.

, 191 6 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Marys Co. New Hampden DATE OF BURIAL, Jan 24, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W Balto St

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91546

CERTIFICATE OF DEATH.

81 C91546

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 W Fayette St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes M Cooney

(Residence in Baltimore: No. 1720 W. Fayette St.: 68 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, August 1, 1843
(Month) (Day) (Year)

7-AGE, 72 yrs. 5 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patk Hulton

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W L Cooney

(Address) 2930 St Paul St

15- Filed JAN 23 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 19 1916, to Jany 21 1916, that I saw her alive on Jany 21 1916, and that death occurred, on the date stated above, at 8.10 p m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) Uterus Heleroma

(Duration) 1 yrs. mos. 3 ds.

(Signed) W. O'Neill M. D.

Jan 22 1916 (Address) 108 N Bethune Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan 24, 1916

20-UNDERTAKER Joseph L. B. Cook — ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state
important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C91547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C91547

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Fulton ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Ford

(Residence in Baltimore: No. 1114 Fulton ave ST.; Life yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Aug. 10th, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 5 mos. 12 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 1312 Ruth St. Balt.

PARENTS.

10-NAME OF FATHER, Willie Ford

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Lillie Tilson

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Tilson

(Address) 1114 Fulton ave

15- JAN 23 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22 D, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1916, to Jan 22 D 1916, that I saw h— alive on Jan 14, 1916, and that death occurred, on the date stated above, at 6 t m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) .....yrs. .....mos. 10 ds.

CONTRIBUTORY (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) H. Lee Ellis M. D.

1/23, 191.., (Address) 924 Mowton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Gov Cem. DATE OF BURIAL. Jan 23, 1916

20-UNDERTAKER Robert A Elliott ADDRESS 506 East 4

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91548

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1228 S. Decker ave ST.; 1 WARD)

REGISTERED NO. C 1750 C91548

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Lakuda

(Residence in Baltimore: No. 228. S. Decker ave St.; 30 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, Not known (Month), ..., 1 (Day), ... (Year)

7-AGE, 42 yrs. ... mos. ... ds.

If LESS than 1 day. ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Hungary

PARENTS.

10-NAME OF FATHER, Stefan Lakuda

11-BIRTHPLACE OF FATHER (State or Country): Hungary

12-MAIDEN NAME OF MOTHER: Maria Bare

13-BIRTHPLACE OF MOTHER (State or Country): Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susana Lakuda

(Address) 1228 S. Decker Ave

15- Filed JAN 23 1916 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to Jan 21 1916, that I saw h— alive on Jan 20 1916, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. S. Tichner M. D.

Jan 21, 1916 (Address) 3035 Adams Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 24 1916

20-UNDERTAKER Frank Enoch & Son — ADDRESS 1004 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91549

CERTIFICATE OF DEATH.

64 C91549

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amba-Prouse (Karolus)

(Residence in Baltimore: No. 1619 Barnes St.; 30 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE, 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Joseph Hairley

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil Hairley

(Address) 2527 Eastland Ave

15- ROBERT . KRAUTER, Burial Permit Clerk.

Filed JAN 23 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan 22 1916, that I saw her alive on Jan 22 1916, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 6 mos. ds.

(Signed) Ernest W. G. Kieser M. D.

Jan 22, 1916 (Address) St. Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 1 ds. In the State unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? 1619 Barnes St

Former or usual residence 1619 Barnes St.

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 25 1916

20-UNDERTAKER Frank Leach, Son — ADDRESS 1944 Eastland

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91550

21 C91550

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Reckert

(Residence in Baltimore: No. 1122 Somerset St St.; 42 yrs., 6 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	married

6-DATE OF BIRTH, June 4, 1873 (Month) (Day) (Year)

7-AGE, 42 yrs. 6 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Varnisher 329
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles A. Reckert

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Hester A. Almack

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. H. Carter

(Address) 1342 W. Lafayette Ave

15-JAN 23 1916 ROBERT . KRAUTER, Filed....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1916. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from December 14 1915, to January 22 1916, that I saw him alive on January 22 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Tubercular Peritonitis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) yrs. 18 hrs.

(Signed) J. W. Winton, Clk M. D.

Jany 23 1916 (Address) St Joe's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1122 Somerset St.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Jan 24 1916

20-UNDERTAKER Geo. W. Little — ADDRESS 531 N Fremont Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dec 15 91551

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

41 91551

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2024 Christian St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Schwartz

(Residence in Baltimore: No. 2024 Christian St.: 20 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month), 1 (Day), ... (Year)

7-AGE: 47 yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Merchant 655
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Store

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Barney Schwartz

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Rosie Helfgott

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): L. Zelditch

(Address): 2027 Christian St

15 Filed JAN 23 1916 RONNIE . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 23 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1915, to Jan. 23 1916, that I saw h— alive on Jan. 23, 1916 and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver
Clinical diagnosis

(Duration) ..... yrs. 4 mos. — ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. — mos. — ds.

(Signed), Katharine B Boderman M. D.

Jan. 23, 1916 (Address) 2114 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2024 Christian St

19-PLACE OF BURIAL OR REMOVAL: Hebrew Washington — DATE OF BURIAL: Jan 23, 1916

20-UNDERTAKER: A. Levinson & Bro — ADDRESS: 1107 E Bolton St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91552 — 79 C91552

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1076 Granby St. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joshuah Mayer Appleteim

(Residence in Baltimore: No. 1076 Granby st. St.; 3 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	married

6 DATE OF BIRTH December 15, 1849 (Month) (Day) (Year)

7 AGE 66 yrs. One mos. 8 ds. If LESS than 1 day, —hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor Helper
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing 357

9 BIRTHPLACE (State or country) Russia

PARENTS

10 NAME OF FATHER Ephraim Appleteim

11 BIRTHPLACE OF FATHER (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]. Bear

13 BIRTHPLACE OF MOTHER (State or country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H Sidel

(Address) 1523 E. Balto St.

15 JAN 23 1916 Filed . 191— ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 23, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1915. to. Jan. 23 1916. that I saw h im alive on Jan 23 1916 and that death occurred, on the date stated above, at 6 a m. The CAUSE OF DEATH* was as follows:

Myocarditis and Endocarditis

(Duration) One yrs. mos. ds

Contributory (SECONDARY) none

(Duration) yrs. mos. ds.

(Signed). Herman Sidel M. D.

Jan. 23. 1916 (Address) 1523 E. Balto. St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. — mos. 1 ds. In the State yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1076 Granby st

19 PLACE OF BURIAL OR REMOVAL: Hebrew Hearing Pen — DATE OF BURIAL: Jan 25, 1916

20 UNDERTAKER: L Levinson & Bro — ADDRESS 1107 E Balto st

C91553

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C91553

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Barre ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Milanecko

(Residence in Baltimore: No. 528 N. Barre St.; 8 yrs. 5 mos. 19 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: August 4, 1907 (Month) (Day) (Year)

7-AGE: 8 yrs. 5 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): none.

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Andrew Milanecko

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Anna Denbrawski

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Milanecko

(Address) 528 N. Barre St.

15- Filed JAN 23 1916 191 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 23 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 22, 1916, to January 23 1916, that I saw her alive on January 23 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs 8 mos ds.

Contributory (SECONDARY) ..... (Duration) yrs mos ds.

(Signed) John A. McCadoukty M. D.

Jan. 23, 1916 [Address] 629 Columbia av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 528 N. Barre St.

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cy, DATE OF BURIAL: Jan. 25 1916

20-UNDERTAKER: John Grabliauskas ADDRESS: 540 S. Paca St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91554

CERTIFICATE OF DEATH.

84 C91554

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 650 W. Lombard ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anala Waitukitis

(Residence in Baltimore: No. 650 W. Lombard St.; Life yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 7 (Day), 1913 (Year)

7-AGE, 2 yrs. 9 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Vincent Waitukitis

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Anna Palowis

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Waitukitis

(Address) 650 W. Lombard St.

15- JAN 23 1916 ROBERT . KRAUTER, Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 22 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1916, to Jan. 22, 1916, that I saw her alive on Jan. 21, 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cervical Adenitis, Probably Due to Tonsillitis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Septicemia

(Duration) yrs. mos. 6 ds.

(Signed) J. L. Emmett Cross M. D.

Jan. 23, 1916. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan. 24 1916

20-UNDERTAKER John Grebliunas — ADDRESS 500 S. Pacas St.

George Trehera

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91555 — 1 120 C91555

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Trehera

(Residence in Baltimore: No. University Hosp St.; ....yrs., 4 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Turkman ....., 1883
(Month) (Day) (Year)

7-AGE, 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... British Seaman 56
(b) General nature of industry, business, or establishment in which employed (or employer)..... Diseased

9-BIRTHPLACE, (State or Country), Greece

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Turkman.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Diseased

(Address)..... Pierre Greece

15-JAN 23 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 7 1915, to Jan 20 1916, that I saw h im alive on Jan 20 1916, and that death occurred, on the date stated above, at 0140 p.m.

The CAUSE OF DEATH* was as follows:

..... Chronic Diffuse Nephritis .....

..... (Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary) ..... Uremic Coma .....

..... (Duration) ....yrs. ....mos. 4 ds.

(Signed) ..... M. D.

Jan 23 1916. (Address) ..... Univ. Hosp. .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 4 mos. 13 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Pierre Greece

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Jan 23, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1002 N Bells

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91556

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C91556

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2127 Hanover ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Katherine B. Mueller

(Residence in Baltimore: No. 119 W Lamburg St. 47 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: December (Month) 7 (Day), 1839 (Year)

7 AGE: 76 yrs. 1 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: unknown (?)

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown (?)

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred. Mueller

(Address) 2127 Hanover St

15 JAN 23 1916 Filed ....., 191.. ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 17, 1916, to January 21 1916, that I saw her alive on January 20, 1916 and that death occurred, on the date stated above, at 5-20 A.m.
The CAUSE OF DEATH* was as follows:

Apoplexia

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Diabetes mellitus

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. K. A. Mayer M. D.

T. P., 1916 (Address) 24 St Paul Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery DATE OF BURIAL: Jan 24th, 1916

20 UNDERTAKER: E. Schlomann & Son ADDRESS 1037 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91557 × 103 C91557

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Childrens Hospital School REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Greenspring ave + 41st St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia M. Edwards

(Residence in Baltimore: No. Childrens Hospital School St.; ....yrs. 2 mos. 5 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 28. (Month) (Day), 1909 (Year)

7-AGE, 6 yrs. 0 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Darlington S. Ca.

PARENTS.

10-NAME OF FATHER, Dr. G. B. Edwoods.

11-BIRTHPLACE OF FATHER (State or Country), South Carolina.

12-MAIDEN NAME OF MOTHER Marie Amanda McCullough

13-BIRTHPLACE OF MOTHER (State or Country), South Carolina.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William T Baer

(Address) 4. E. Madison St.

15- JAN 23 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 23rd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1915, to January 23 1916, that I saw h-r alive on January 21. 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cyclic Vomiting
(Accidental)
2 days
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion Toxic Myelitis
(Duration) 5 yrs. 2 mos. ....ds.

(Signed) William T Baer M. D.

January 23, 1916. (Address) 4. E. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Darlington S. Ca

19-PLACE OF BURIAL OR REMOVAL, Darlington Darlington Co S.C. DATE OF BURIAL, Jan 23, 1916.

20-UNDERTAKER Lewis Cook ADDRESS 502 E Monk.

PRR — Dr G B Evans goes along

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91558

CERTIFICATE OF DEATH.

105 C91558

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1025 William ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah B. Tucker

(Residence in Baltimore: No. 1025 William St. alt. St.; 80 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, December, 3, 1843
(Month) (Day) (Year)

7-AGE, 72 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. at home
(b) General nature of industry, business, or establishment in which employed (or employer). Domestic

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Ruth Sayers

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Burrier

(Address) 1025 W Williams St

15- JAN 23 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 3 1915, to Jan 21 1916, that I saw h[er] alive on Jan 21 1916, and that death occurred, on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH* was as follows:

Infirmities of old age

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. E. Burnett M. D.

Jan 23 1916. (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Frederick Rd. DATE OF BURIAL, Jan 24, 1916

20-UNDERTAKER Wm Cook ADDRESS 331 E Fayette

B & O R R % Geo Burrier

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91559

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 C91559

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No U. S. Marine Hosp. ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruben P. Corkran

(Residence in Baltimore: No. U. S. Marine Hospital St.; yrs. .mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: 67 yrs. — mos. — ds. If LESS than 1 day, — hrs., or — min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Seaman 506
(b) General nature of industry, business, or establishment in which employed (or employer): Steam Ship

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
From Hospital Record.
(Informant)

(Address) Remington Ave.

JAN 23 1916 Filed 191

ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 23 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 19, 1916, to, January 23 1916, that I saw him alive on January 1916., and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis (Chronic Brights disease)

(Duration) — yrs. 6 mos. — ds.

Contributory (SECONDARY) Chronic Myocarditis (Secondary) and Anaemia

(Duration) yrs 6 mos. 4 ds.

(Signed) Chas L. Mogel M. D.

January 23 1916. [Address] U. S. Marine Hospital.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death — yrs. — mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL: Windy Hill Md

DATE OF BURIAL: Jan - 27 1916

20-UNDERTAKER: W. E. Pickner & Son

ADDRESS: Fennel & Poth

Spec.—8-24-14—M. & T.—2000 Bks.

C91560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 39 C91560

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Cole

(Residence in Baltimore: No. ... Mercy Hospital ... St.; ... yrs., ... mos. 2 1/4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... June (Month) 13 (Day), 1863 (Year)

7-AGE, 52 yrs. 7 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Switch Tender
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Railroad

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph Cole

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ..... Mercy Hospital

(Address) ..... Aisquith St.

15 JAN 23 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 22 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 1916, to Jan 22 1916, that I saw h[illegible] alive on Jan 22 1916, and that death occurred, on the date stated above, at 4.00 C. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Upper Maxilla

Exhaustion

Acute (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Physical Shock

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Daniel L. Smith M. D.

Jan. 22, 1916. (Address) Mercy Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. 52 mos. ..... ds.

Where was disease contracted, if not at place of death? 5227 Park Ave

Former or usual residence 5227 Park Ave

19-PLACE OF BURIAL OR REMOVAL, Greathedral Cem. DATE OF BURIAL, Jan 24 1916

20-UNDERTAKER Frazier Cahey & Son ADDRESS 616 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91561 C91561

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Victoria Fennimore

(Residence in Baltimore: No. 1804 N. Monroe St. St.: 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
37 yrs. mos. da.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Anthony Hummel

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John Fennimore

(Address) 1804 Monroe St

15- Filed JAN 23 1916 ROBERT J. KRAUTER, Official Public Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 22, 1916 (Month) (Day) (Year)

17-) I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan. 22 1916, that I saw h[illegible] alive on Jan. 22 1916, and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. 3 mos. ds.

(Signed) K. M. McCullough M. D.

Jan 22, 1916 (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 5

Former or usual residence 1804 N. Monroe St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	Jan. 25 1916.

20-UNDERTAKER M. Fahrenholz Sons ADDRESS 606 Lafayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91562 — 82 C91562

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lillie M. Bossert

(Residence in Baltimore: No. 1704 E. Eager St.; 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June (Month) 26 (Day), 1894 (Year)

7-AGE, 21 yrs. 6 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, John E. Connaway

11-BIRTHPLACE OF FATHER (State or Country), Del.

12-MAIDEN NAME OF MOTHER Ella Davis

13-BIRTHPLACE OF MOTHER (State or Country), Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E. Connaway

(Address) 1704 E. Eager St

15- Filed JAN 23 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1916, to Jan 22 1916, that I saw her alive on Jan 22 1916, and that death occurred, on the date stated above, at 12.06 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus

(Duration) ....yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pelvic inflammatory (Chr.)

(Duration) 3 yrs. ....mos. ....ds.

(Signed) M. B. Levin M. D.

Jan 22, 1916. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Millsboro, Del. DATE OF BURIAL: Jan 26, 1916

20-UNDERTAKER: Finkler & Finkler ADDRESS 1739 E. Eager

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91583

CERTIFICATE OF DEATH.

42 C91583

1-PLACE OF DEATH Womans Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Louis Mitzel

(Residence in Baltimore: No. 119 S. Linwood Ave St.; 51 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, November — (Month) (Day), 1864 (Year)

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John F Mitzel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret S Meyer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... P L Silvester

(Address)..... Womans Hospital

15- JAN 24 1916 191..... MARY O. ARMSTRONG Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 23 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1915, to Jan 23 1916, that I saw h.. alive on Jan 22 1916, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

..... Oedema of Uterus
..... Operation 3 months
..... previous to death

..... (Duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

..... (Duration) yrs. mos. 1 ds.

(Signed) P L Silvester M. D.

Jan 24, 1916. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 6 ds. In the State 51 yrs. mos. ds.

Where was disease contracted, if not at place of death? 119 S Linwood Ave

Former or usual residence 119 S Linwood Ave

19-PLACE OF BURIAL OR REMOVAL, St Paul's Lutheran Cemetery — DATE OF BURIAL, Jan 25, 1916.

20-UNDERTAKER Chas H Rohde & Sn — ADDRESS 730 Wash

Spec.—8-24-14—M. & T.—3000 lbs.

C91564

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C91564

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 728 Emma Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Gerwig

(Residence in Baltimore: No. 728 Emma Ave St.; 80 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, August 11 (Month) (Day), 1834 (Year)

7-AGE, 81 yrs. 5 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Stiffler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Justina Ruff

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. F. Letmate

(Address) 728 Emma Ave

15- JAN 24 1916

Filed ....., 191.... Burial Permit Given

HARRY C. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1916, to Jan 22 1916, that I saw her alive on Jan 21 1916, and that death occurred, on the date stated above, at 4 4 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) Indefinite yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C. Clinic Murray M. D.

Jan 22, 1916. (Address) 1271 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemtry — DATE OF BURIAL, Jan 24, 191...

20-UNDERTAKER Mrs A McPhedran — ADDRESS 730 E. Ba

Spec.—5-19-13—M. & T.—500 Bks.

C91565

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91565

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1803 Little Walsh ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Morgan

(Residence in Baltimore: No. 1803 Little Walsh St.: 28 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widowed

6-DATE OF BIRTH, Don't Know (Month) (Day), 1871 (Year)

7-AGE, 45 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country) Don't Know

12-MAIDEN NAME OF MOTHER — Eckhart.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Morgan

(Address) 1803 L. Walsh St

15-
Filed JAN 24 1916 191. HARRY C ... Burial Permit ...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 28 1915. to Jan 22 1916, that I saw h-r alive on Jan 22 1916, and that death occurred, on the date stated above, at 2 PM.

The CAUSE OF DEATH* was as follows:

Lobar - Pneumonia

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Organic Heart disease (Duration) 1 yrs. 6 mos. ds.

(Signed) Paul Brown M. D.

Jan 22, 1916 (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Cemetery — DATE OF BURIAL, Jan 27, 1916

20-UNDERTAKER Wm A Rohde Sons — ADDRESS 730 Park Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—5000 Bks.

C91566

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91566

CERTIFICATE OF DEATH.

18

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Robert Garrett Hospital of Children St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin Rosenthal

(Residence in Baltimore: No. 2946 Greenmount Ave. St.: 0 yrs., 9 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 4, 1915 (Month) (Day) (Year)

7-AGE, 0 yrs. 9 mos. 18 ds. If LESS than 1 day, X hrs. or X min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Edward E Rosenthal

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Minnie D Erdle

13-BIRTHPLACE OF MOTHER (State or Country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Laura Green

(Address) 809 Madison Ave

15-

Filed JAN 24 1916, 191.. REGISTRAR OF VITAL STATISTICS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 19 1916, to January 22 1916, that I saw him alive on January 22 1916, and that death occurred, on the date stated above, at 7:55 p.m.

The CAUSE OF DEATH* was as follows:

Septicaemia, streptococcus

Erysipelas (Duration) 0 yrs. 0 mos. 20 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (Duration) yrs. 0 mos. 7 ds.

(Signed) Norman Toomey M. D.

Jan. 23, 1916 (Address) Garrett Hospital Children

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 4 ds. In the State 0 yrs. 9 mos. 18 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 2946 Greenmount Ave.

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, January 24, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91567 (Thomas Cole) C91567

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 713 Lealand ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Thomas Cole

(Residence in Baltimore: No. 713 Lealand St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6. DATE OF BIRTH: (Month) Unknown (Day) , 1857 (Year)

7. AGE: 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Scrowman
(b) General nature of industry, business, or establishment in which employed (or employer): Coal. Co

9. BIRTHPLACE (State or country): Howard Co Md

PARENTS

10. NAME OF FATHER: Thomas Cole

11. BIRTHPLACE OF FATHER (State or country): Howard Co Md

12. MAIDEN NAME OF MOTHER: Sarah Waters

13. BIRTHPLACE OF MOTHER (State or country): Howard Co Md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C Gardner

(Address) 826 Fessenden St.

15. Filed JAN 24 1916, 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: (Month) Jan (Day) 23 (Year) , 1916

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1916, to Jan 23 1916, that I saw him alive on Jan 22, 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar
Duration unknown
Dr Thayer.

(Duration) yrs. mos. 8 ds

Contributory (SECONDARY) Heart Failure

(Duration) yrs. mos. 8 ds.

(Signed) A T Thayer M. D.

Jan 23, 1916 (Address) 714 S Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 1/25 1916

20. UNDERTAKER: Samuel Townsley — ADDRESS: 578 W Biddle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

091568 HEALTH DEPARTMENT—CITY OF BALTIMORE 92 091568

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Linden Av ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phoebe Ann Jamison

(Residence in Baltimore: No. 707 Linden Ave St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1853 (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Baltimore Co Md

PARENTS.

10-NAME OF FATHER, John McKew

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co Md

12-MAIDEN NAME OF MOTHER Lubcomm

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert McKew

(Address) 707 Linden Ave

15- Filed JAN 24 1916 191.... BUREAU OF VITAL STATISTICS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 21st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16th 1916, to Jan 21st 1916, that I saw h er alive on Jan 20th 1916, and that death occurred, on the date stated above, at 12.45 Am.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Chas J Keller M. D.

Jan 21 1916 (Address) 222 W Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 1916

20-UNDERTAKER Chas L T Kemsley — ADDRESS 578 W Bdle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91569

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

C91569

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1414 N. Brunt street, St. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Wilson,

(Residence in Baltimore: No. 1414 N. Brunt street, St. 23

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed,

6-DATE OF BIRTH: June (Month) 15th (Day), 1822. (Year)

7-AGE: 93 yrs. 7 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fisherman, 033
(b) General nature of industry, business, or establishment in which employed (or employer): retired 25 yrs.

9-BIRTHPLACE, (State or Country): Maryland,

PARENTS.

10-NAME OF FATHER: Nathan L. Wilson,

11-BIRTHPLACE OF FATHER (State or Country): Maryland,

12-MAIDEN NAME OF MOTHER: Unknown,

13-BIRTHPLACE OF MOTHER (State or Country): Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A. Wilson, son,

(Address) 1414 N. Brunt street.

15-

Filed JAN 24 1916, 191... HARRY O. ARNOLD, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21st (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably

Cardiac myodegeneration, (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis, (Duration) ...yrs. ...mos. ...ds.

(Signed) H. Bedine Kempel M. D. (Coroner.)

Jan. 21st 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: National Forest — DATE OF BURIAL, 1916

20-UNDERTAKER: Samuel S. Hensley — ADDRESS: 578 N. Bridge

Spec.—8-24-14—M. & T.—2000 Bks.

C91570

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91570

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2527 Eastern ave ST.; 1 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agatha Kopp

(Residence in Baltimore: No. 2527 Eastern ave ST.; 30 yrs. 9 mos. 11 da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June 16, 1838
(Month) (Day) (Year)

7-AGE, 77 yrs. 7 mos. 5 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michael Haug

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Philapina Eberwein

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Kopp

(Address) 2527 Eastern ave

15- JAN 24 1916 MARY O. ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to Jan 21 1916, that I saw h[illegible] alive on Jan 21 1916, and that death occurred, on the date stated above, at 1 8 m.

The CAUSE OF DEATH* was as follows:

Asthma Pulmonary an
Mitral Cardiac Disease

(Duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. da.

(Signed) D. H. Goslee M. D.

Jan 21, 1916. (Address) 1136 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Evangelical Cemetery — DATE OF BURIAL, Jan 24, 191..

20-UNDERTAKER Christian Miller — ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

C91571

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91571

CERTIFICATE OF DEATH.

REGISTERED NO. C 9

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2546 Walbert Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Corrigan

(Residence in Baltimore: No. 2546 Walbert ave St.; 3 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 12, 1911
(Month) (Day) (Year)

7-AGE, 4 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), New Jersey.

PARENTS.

10-NAME OF FATHER, George Corrigan

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Estella McCracken

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Corrigan

(Address) 2546 Walbert Ave

15. JAN 24 1916 Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to Jan 23 1916., that I saw her alive on Jan 23 1916., and that death occurred, on the date stated above, at 9.20 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ....yrs. ....mos. ....ds.

(Signed) Robert C Mikels M. D.

Jan 24, 1916. (Address) 25 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, January 25, 1916.

20-UNDERTAKER George G Farley — ADDRESS Fulton & Cumberland

10 & W

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91572

HEALTH DEPARTMENT--CITY OF BALTIMORE

64

C91572

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1415 Hollins St. ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magnus Wiesner

(Residence in Baltimore: No. 1415 Hollins St St.; 56 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: December 25, 1859 (Month) (Day) (Year)

7-AGE: 56 yrs. — mos. 28 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Safe Builder
(b) General nature of industry, business, or establishment in which employed (or employer): 374

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: John Wiesner

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Wilsnowre

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George. Fadum.

(Address) 1415 Hollins St.

JAN 24 1916 Filed ....., 191

MABEL O ARLESS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 22, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 191 6, to Jan 22 191 6
that I saw h— alive on Jan 21, 191 6,
and that death occurred, on the date stated above, at 7 A. m.
The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) — yrs. — mos. 3 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Emily Swan M. D.

Jan 22, 1916 (Address) 1426 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: Jan. 25, 1916.

20-UNDERTAKER: John Howard Son ADDRESS: 401 Hollins St.

C91573

HEALTH DEPARTMENT---CITY OF BALTIMORE

C91573

CERTIFICATE OF DEATH

64

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE: (No. 1406 Clary St. 21 WARD)

2-FULL NAME Edw. James Fisher.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1406 Clary St. 63 yrs. 2 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married.

6-DATE OF BIRTH: Sept 23 [illegible] 1852 (Month) (Day) (Year)

7-AGE: 63 yrs. 2 mos. 22 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Bricklayer.
(b) General nature of industry, business, or establishment in which employed (or employer): Journeyman 2nd

9-BIRTHPLACE (State or country): Maryland. Balto

PARENTS

10-NAME OF FATHER: Jno Fisher

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Zinkeman

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas. Fisher

(Address) 1117 Cornell St

15- Filed JAN 24 1916 Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22, 191 to Jan 22 191 6, that I saw h[illegible] alive on Jan 22 191 6, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs mos. 5 hrs.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) John G. Silverstein M. D.

Jan 22 191 6 [Address] 112 S W Gross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet cemy DATE OF BURIAL: Jan 25 1916

20-UNDERTAKER: Knell and Son ADDRESS: 1729 W Pratt St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C91574

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 S. Potomac ST.; 1 WARD)

CERTIFICATE OF DEATH.

1-20

REGISTERED No. C 91574

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D. McDonald

(Residence in Baltimore No. 108 S. Potomac St.; yrs. Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 8 (Day), 1852 (Year)

7-AGE, 63 yrs. 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sail-Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Journeyman

9-BIRTHPLACE, (State of Country), Balto Md

PARENTS.

10-NAME OF FATHER, Michael McDonald

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Margaret Hosseyfross

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lavina McDonald

(Address) 108 S. Potomac St.

15-FILED JAN 24 1916 191....

H. O. C. W. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1913, to Jan 22 1916, that I saw h[illegible] alive on Jan 22 1916, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(Duration) 1 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

(Signed) Michael E. Thrane M. D.

Jan 23, 1916 (Address) 1634 E. Back St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine

DATE OF BURIAL, Jan 25, 1916

20-UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91575

CERTIFICATE OF DEATH.

79 C91575

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 E Chase ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Brandau

(Residence in Baltimore: No. 1302 E Chase St.; 35 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, May (Month) 13 (Day), 1847 (Year)

7-AGE, 68 yrs. 8 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter Building Trade
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 718

9-BIRTHPLACE, (State or Country), Balto. Co. Md

PARENTS.

10-NAME OF FATHER, Henry O. Brandau

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Martha Holy

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Amelia Schulter

(Address) 1302 E. Chase St

15-

Filed JAN 24 1916 191.. C.C.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27. 1915, to Jan. 23. 1916, that I saw him alive on Jan. 22. 1916, and that death occurred, on the date stated above, at 5-9 m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration) 1 yrs. ... mos. ... ds.

(Signed) C. H. Feldt M. D.

Jan. 23, 1916. (Address) 1301 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery

DATE OF BURIAL, Jan. 25, 1916

20-UNDERTAKER Henry J. Forck Son

ADDRESS 1301 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91576 C91576

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital ST.; 11 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Mildred Bartlett

(Residence in Baltimore: No. 518 Ravenswood Ave St.: ...yrs., 4 mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	White	Single

6-DATE OF BIRTH, September 23rd, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 1 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER, John James Bartlett

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Margaret Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. James Bartlett

(Address) 518 Ravenswood Ave

15- JAN 24 1916 Filed....., 191.. C. U. Sinclair Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22nd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12th 1915, to Jan 22nd 1916, that I saw her alive on Jan 22nd 1916, and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary) Premature infant

(Duration) ...yrs. ...mos. ...ds.

(Signed) S. D. Shannon M. D.

Jan 22nd, 191.6 (Address) md Gen Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 41 ds. In the State ...yrs. 4 mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 518 Ravenswood Ave,

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Woodlawn	Jan 24 191.6
20-UNDERTAKER	ADDRESS
H. M. Lauthop	1624 N. Eutaw Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91577 C91577

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 611 N. Carrollton Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Hoyt

(Residence in Baltimore: No. 611 N. Carrollton Ave St.; 15 yrs., mos. da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 1, 1834 (Month) (Day) (Year)

7-AGE. 81 yrs. — mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Naval officer
(b) General nature of industry, business, or establishment in which employed (or employer): Capt Lieutenant U.S.N.

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Medad B Hoyt

11-BIRTHPLACE OF FATHER (State or Country), Conn

12-MAIDEN NAME OF MOTHER Violetta Harris

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma M Hoyt

(Address) 611 N Carrollton Ave

15- Filed JAN 24 1916 191.... C.H. Studeman Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14, 1915, to January 22 1916, that I saw h[illegible] alive on January 21 1916, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Chronical Diaphoretic

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H M Kinnaut M. D.

January 24, 191 6. (Address) 1027 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery DATE OF BURIAL, Jan 25., 1916.

20-UNDERTAKER Chas. G. Black ADDRESS 1201 Mulberry St

S·A·F·E D·A·K

Spec.—8-24-14—M. & T.—2000 Bks.

C91578

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91578

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannye Lewes

(Residence in Baltimore: No. 718 Aisquith St, St.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) ....., 187.6 (Year)

7-AGE, 40 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Baltimore St

15 JAN 24 1916 Filed ....., 191.... C. M. Buckler Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 23 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 23, 1916, to Jan. 23, 1916, that I saw her alive on Jan 23, 1916, and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Left)

..... (Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

..... (Duration) — yrs. — mos. 1 ds.

(Signed) M. B. Lewis M. D.

Jan 23 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 718 Aisquith St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Mt Carmel	1.24, 1916
20-UNDERTAKER Jack Lewis	ADDRESS 1419 E Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 C91579

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Joseph's Hospital St.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sara Foley

(Residence in Baltimore: No. 706 Park Ave St.; 41 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single.

6-DATE OF BIRTH, November (Month) 23 (Day), 1853 (Year)

7-AGE, 62 yrs. 1 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Daniel J. Foley.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Annie Maria Sanders

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nannie M. Foley.

(Address) 706 Park Ave.

15- JAN 24 1916 CHARLES M. SINCLAIR.

Filed ....., 191.... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 22. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1916, to Jan 22 1916, that I saw her alive on Jan 22 1916, and that death occurred, on the date stated above, at 12.1 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Contributory Endocarditis

(Duration) yrs. mos. 6 hours ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. 4 ds.

(Signed) [illegible] M. D.

Jan 22, 1916. (Address) Saint Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 41 yrs. mos. ds.

Where was disease contracted, if not at place of death? 706 Park Ave.

Former or usual residence 706 Park Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral Cemetery	Jany 25., 1916.
20-UNDERTAKER	ADDRESS
Henry H. Jenkins Sons Co	1 Orchard Ste.

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

Corrected

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ..... Carl ..... Wagner ..... Jr.

(Residence in Baltimore: No. 716 Park ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1[illegible] (Day) ..... (Year)

7-AGE, 12 yrs. 1 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, ...

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER .....

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed....., 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June ..... (Month) ..... 22 ..... (Day), 191[illegible] (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1[illegible] 191[illegible], to June 22 191[illegible], that I saw h[illegible] alive on June 22 191[illegible], and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Contributory and Secondary

..... (Duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Jos. Wagner M. D.

June 22 191[illegible] (Address) 1[illegible] W. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 716 Park ave

Former or usual residence 716 Park ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

ST. JOSEPH'S GERMAN HOSPITAL
BALTIMORE, MD.

State of Maryland
Baltimore City to wit.

I hereby certify that on this 15th day of April, 1916, before me, the subscriber, a Notary Public, in and for the City and State aforesaid personally appeared Dr. H. H. Warner and he made oath in due form of law that the matter and facts as contained in the annexed corrected certificate of death of Sarah Elizabeth Foley, are true to the best of his knowledge, information and belief.

As witness my hand & seal Notarial

H. H. Warner M.D.

Howard Sprecher
Notary Public

Spec.—8-24-14—M. & T.—2000 Bks.

C91080

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91080

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 505 Cathedral ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick BB Beacham

(Residence in Baltimore: No. 505 Cathedral St. St.; 68 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February, 1847.
(Month) (Day) (Year)

7-AGE, 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: wholesale Sugar
(b) General nature of Industry, business, or establishment in which employed (or employer): Broker 605

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Samuel K. Bracham.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Eliza Flanigan

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) K. Broughton Bracham.

(Address) 505 Cathedral St.

15- JAN 24 1916 CHARLES M. SINCLAIR,
Filed, 191
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 23rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17th 1916, to Jan 23rd 1916, that I saw h[illegible] alive on Jan. 23rd 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia, (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza, (Duration) yrs. mos. 5 ds.

(Signed) J. G. Chatard M. D.

Jan 23rd, 1916. (Address) 40 W. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Jany 25th, 1916.

20-UNDERTAKER Henry H. Jenkins & Sons Co. FUNERAL Chas. Sullivan & Sons 60 Orchard Sts.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91581

CERTIFICATE OF DEATH.

C91581

91 REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3506 Roland ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josiah Milland
(Residence in Baltimore: No. 3506 Roland ave St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wht.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 25, 1825
(Month) (Day) (Year)

7-AGE 90 yrs. 4 mos. 2 ds.
If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 72
(b) General nature of industry, business, or establishment in which employed (or employer): Postmaster

9-BIRTHPLACE, (State or Country), Mass. U.S.A.

PARENTS.

10-NAME OF FATHER, Joshua L. Milland

11-BIRTHPLACE OF FATHER (State or Country), Mass.

12-MAIDEN NAME OF MOTHER Azubah (Unknown)

13-BIRTHPLACE OF MOTHER (State or Country), Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Josiah Milland
(Address) 3506 S Roland ave

15- JAN 21 1916 CHARLES M. SINCLAIR.
Filed ..... 191 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 23., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 17 1916, to Jan 23 1916, that I saw him alive on Jan 22 1916, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia
(Chronic Bronchitis)

(Duration) 5 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) 2 yrs. mos. ds.

(Signed) James L. Whitehurst M. D.
Jan 23, 1916. (Address) 4012 Park Heights Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Alexandria Va DATE OF BURIAL, Jan. 25., 1916

20-UNDERTAKER Chenoweth & Son ADDRESS Chest ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91582

C91582

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1744 E. Chase ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah C. Chamberlain

(Residence in Baltimore: No. 1744 E. Chase St.; Life yrs., ... mos. ... da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Nov. 9 (Month), ... (Day), 1834 (Year)

7-AGE,	If LESS than 1 day,
81 yrs. 2 mos. 13 da.	... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER, Charles R Wallis

11-BIRTHPLACE OF FATHER (State or Country), Balto Co. Md

12-MAIDEN NAME OF MOTHER Mary Johnston

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Chamberlain

(Address) 1744 E. Chase St

15- JAN 24 1916

Filed ..., 191...

CHARLES M. SINCLAIR.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 19 1915, to Jan. 22, 1916, that I saw her alive on Jan. 22, 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs. — mos. — da.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... da.

(Signed) Edwin B. Fenby M. D.

Jan 22, 191 6. (Address) 1223 N. Carolina St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 25, 1916

20-UNDERTAKER: Robert J. Turnier — ADDRESS: 1442 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C91583

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91583

CERTIFICATE OF DEATH.

REGISTERED No. C 1720

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N. Curley ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Tippett

(Residence in Baltimore: No. 407 N. Curley St.; 30 yrs., 0 mos. 0 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June 11 (Month), (Day), 1843 (Year)

7-AGE, 72 yrs. 5 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired Farmer Stable Boss
(b) General nature of industry, business, or establishment in which employed (or employer). H. H. Tippett Stable

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jabez Tippett

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel A Tippett

(Address) 407 N. Curley

15-Filed JAN 24 1916 191 CHARLES M. SINCLAIR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3, 1915, to Jan 22 1916, that I saw h[illegible] alive on Jan 22 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John T. Strickmall M. D.

Jan 23, 1916. (Address) 2112 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery

DATE OF BURIAL, Jan 25, 1916.

20-UNDERTAKER Robert J. Turner

ADDRESS 1722 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91584

C91582

CERTIFICATE OF DEATH.

63

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 E Chase ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward A Ruckle

(Residence in Baltimore: No. 714 E Chase St.; 69 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Jan 15 ....., 1873
(Month) (Day) (Year)

7-AGE, 43 yrs. 0 mos. 8 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Book keeper .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Retired .....

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, Thomas E Ruckle

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md

12-MAIDEN NAME OF MOTHER, Mary A. Ward

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Ruckel

(Address) 714 E. Chase St.

15- JAN 24 1916 CHARLES M. SINCLAIR.

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to Jan 23 1916, that I saw him alive on Jan 22 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Transverse myelitis

(Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) ..... M. D.

1-23, 1916 (Address) 914 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon Cem | DATE OF BURIAL, Jan 26 1916

20-UNDERTAKER Robert J Turner | ADDRESS 1744 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91-085 C91-085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospt. 19 WARD) REGISTERED No. C 172

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Milton Keith

(Residence in Baltimore: No. 2247 W. Strichen St. 35 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Oct. (Month) 19th (Day), 1880 (Year)

7-AGE, 35 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Linemaid 54
(b) General nature of industry, business, or establishment in which employed (or employer): C. & P. Telephone Co.

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Wm. N. Keith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. Keith

(Address) 224 W. Strichen St.

15- JAN 24 1916 Filed CHARLES M. SINGLAIR. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 21st (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fall from telephone pole (Accident)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Internal injuries

(Duration) ....yrs. ....mos. ....ds.

(Signed) Sam'l Wm Kelly M. D. (Coroner.)

Jan. 23rd, 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1/2 ds. In the State 35 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Parkton Md

Former or usual residence 2247 Strichen St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Jan 24 1916
20-UNDERTAKER	**ADDRESS**
Robt. Turner	144 E. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C91586

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91586

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Katherine P. Bartell

(Residence in Baltimore: No. Sixty one Years 2206 Eutaw Place St.; 61 yrs., 3 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Oct (Month) 1 (Day), 1854 (Year)

7-AGE, 61 yrs. 3 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Nack

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Elizabeth Brael

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Rendyks

(Address) Woman's Hosp

15- Filed JAN 24 1916 CHARLES M. SINCLAIR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 20 1916, to January 23 1916, that I saw her alive on Jan. 23 1916, and that death occurred, on the date stated above, at 4.25 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma uteri.

(Duration) ? ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Post operative shock

(Duration) yrs. mos. ds.

(Signed) Chas. S. Warner M. D.

Jan. 23, 1916 (Address) Woman's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 3 ds. In the State ? yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2206 Eutaw Place.

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Jan. 26, 1916

20-UNDERTAKER George Schulting & Sons — ADDRESS 1126 Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91587 C91587

CERTIFICATE OF DEATH.

REGISTERED No. C 5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Harford Road 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Leach

(Residence in Baltimore: No. 3306 Harford Road St.: 84 yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Dec. (Month) 21, (Day) 1831. (Year)

7-AGE, 84 yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Patten

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Chas. W. Burton

(Address) 3306 Harford Rd.

15- JAN 24 1916 CHARLES M. SINGLAIR,

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1914, to Jan 22 1916, that I saw h EE alive on Jan 21 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Org. Heart disease

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Wm E Burton M. D.

Jan 22 1916 (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Jan 25th, 1916

20-UNDERTAKER George Schilling & Son

ADDRESS 1126 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91988

C91988

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1723 N. Caroline ST.; 8 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E Tucker

(Residence in Baltimore: No. 1723 N. Caroline St.; 69 yrs., 6 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July 15th, 1846
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
69 yrs. 6 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm C D Peregoy

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob R Tucker

(Address) 1723 N. Caroline st

15- JAN 24 1916

CHARLES M. SINCLAIR.
Registrar.

Filed....., 191....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1915, to Jan 22 1916, that I saw her alive on Jan 21 1916, and that death occurred, on the date stated above, at 2.50a m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration)....yrs....mos. 23 ds.

CONTRIBUTORY (Secondary) Pneumonia (Lobar)

(Duration)....yrs....mos. 7 ds.

(Signed) J Ross Pue M. D.

Jan 22, 1916 (Address) Glyndon Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Jan 25., 1916.
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C91589 C91589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 342 E. 20th ST.: 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Geo D. and Adelaide C. Bolton

(Residence in Baltimore: No. 342 E. 20th st St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 23, 1916 (Month) (Day) (Year)

7-AGE, — yrs. — mos. — ds. If LESS than 1 day, — hrs. or 1 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Geo. D. Bolton

11-BIRTHPLACE OF FATHER (State or Country), Harford Co. Md.

12-MAIDEN NAME OF MOTHER Adelaide C. McLaughlin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo D. Bolton

(Address) 342 E. 20th St

15- JAN 24 1916 CHARLES M. SINCLAIR,

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1916, to Jan 23 1916, that I saw h[illegible] alive on Jan 23 1916, and that death occurred, on the date stated above, at 11.05 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Debility, Premature Birth 7th month, due to Nephritis in the mother

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. ds.

(Signed) Reginald F. Lowry M. D.

Jan. 23, 1916. (Address) 414 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, 1/24, 1916

20-UNDERTAKER Henry W. Meas Son — ADDRESS 805 N. Gilmor St

Permission requested to remove to 805 N. Gilmor St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C9590 HEALTH DEPARTMENT—CITY OF BALTIMORE C9590

CERTIFICATE OF DEATH. 151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 115 S. Payson ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry A. Wagner

(Residence in Baltimore: No. 115 S. Payson St.; yrs., mos. 6 da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan. (Month) 22nd (Day), 1916 (Year)

7-AGE, ...yrs....mos....da. If LESS than 1 day, 1½ hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Harry Wagner

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary Rountzer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Wagner

(Address) 115 S. Payson

JAN 24 1916 CHARLES M. SINCLAIR.

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 22nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration).....yrs.....mos.....da.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....da.

(Signed) David Weinberg M. D. (Coroner)

Jan. 23rd, 1916. (Address) 2302 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Jan. 24th, 19....
20-UNDERTAKER	ADDRESS
George E. Schmidt & Bro.	1201 Bolton

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152-C91591

C91591

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Morgan

(Residence in Baltimore: No. 1203 Valley St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 15 (Month) (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, Thomas J Morgan

11-BIRTHPLACE OF FATHER (State or Country), Balto Maryland

12-MAIDEN NAME OF MOTHER Mary Gately

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas J Morgan

(Address) 1203 Valley St

15-

Filed JAN 24 1916 CHARLES M. SINCLAIR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 23 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Jan 23 1916, that I saw h[illegible] alive on Jan 23 1916, and that death occurred, on the date stated above, at 10[illegible] A m.

The CAUSE OF DEATH* was as follows:

Marasmus
(Primary or Antecedent)

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Intussusception

(Duration) ....yrs. ....mos. 4 ds.

(Signed) [illegible] M. D.

Jan 28, 1916. (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State ....yrs. ....mos. 8 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Jan 24, 1916

20-UNDERTAKER John A Moran — ADDRESS Balto

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

C91592

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91592

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 833 S Bond — ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Urbanski

(Residence in Baltimore: No. 833 S Bond ST.: 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July 6, 1865 (Month) (Day) (Year)

7-AGE: 47 yrs. 6 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer 247
(b) General nature of industry, business, or establishment in which employed (or employer): Cannery.

9-BIRTHPLACE (State or country): Ger. Poland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Poland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Urbanski.

(Address) 833 S. Bond St.

15. Filed JAN 24 1916, 191– CHARLES M. SINCLAIR. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 22 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct —, 1915, to. Jan 22 1916, that I saw h— alive on Jan 17, 1916, and that death occurred, on the date stated above, at 7 00 p m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Anasarca —

(Duration) yrs. 1 mos. ds.

(Signed) Frank E Bunce M. D.

Jan 24, 1916 (Address) 1250 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: Jan 26, 1916

20-UNDERTAKER: M. F. Sadowski ADDRESS: 703 N Fre

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

(91593)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 S. Bradford ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes A. Rybarczyk

(Residence in Baltimore: No. 619 S. Bradford St.: yrs., 7 mos. 22 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Child

6-DATE OF BIRTH. May (Month) 30 (Day), 1915 (Year)

7-AGE. yrs. 7 mos. 22 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John A Rybarczyk

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Annie R Kowalska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Rybarczyk

(Address) 619 S Bradford St

15-

Filed JAN 24 1916 19.. CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 2 1916, to January 22 1916, that I saw her alive on January 21 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) .. yrs. .. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) 1 yrs. .. mos. 21 ds.

(Signed) C. W. Kilby M. D.

January 22, 191.. (Address) 1008 S. Patterson Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. | DATE OF BURIAL, Jan 24th, 1916.

20-UNDERTAKER M. J. Sadowski | ADDRESS 702 S. Ann

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C91594

C91594

2-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 S Robinson - ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys E. Robinson

(Residence in Baltimore: No. 1003 S. Robinson St.; Wife yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Aug. 6, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of Industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto city.

PARENTS.

10-NAME OF FATHER, Edward Robertson

11-BIRTHPLACE OF FATHER (State or Country), Balto city.

12-MAIDEN NAME OF MOTHER Cora Steigand

13-BIRTHPLACE OF MOTHER (State or Country). Balto city.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Robertson

(Address) 1003 S Robinson

15- JAN 24 1916

Filed ....., 191... CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 22, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan. 22 1916, that I saw h[er] alive on " 21 1916, and that death occurred, on the date stated above, at 1.55 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Edwin O'Neill M. D.

1/24, 191... (Address) 1108 S Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Jan 24, 1916

20-UNDERTAKER Lilly & Zirkle ADDRESS 402 S Mary

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91595

CERTIFICATE OF DEATH.

C91595

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 112 E. Barney ST.; 24 WARD) REGISTERED No. C 64

2-FULL NAME George R Watts

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 112 E. Barney St.; 40 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 1 (Month) (Day) (Year)

7-AGE, About 70 Yrs. yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Packer 38
(b) General nature of industry, business, or establishment in which employed (or employer). Cannabis factory

9-BIRTHPLACE, (State or Country), Frederick Md

PARENTS.

10-NAME OF FATHER. Albert Watts

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Frances Norris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Watts

(Address) 112 E. Barney

15-

Filed JAN 24 1916, 191.. CHARLES M. SINCLAIR.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1915, to Jan 22 1916, that I saw h— alive on Jan 22 1916, and that death occurred, on the date stated above, at 10:15 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cardiac arterio sclerosis

(Duration) yrs. mos. 5 ds.

(Signed) R. E. Lampton M. D.

Ja 22, 191.6 (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 25, 191.6

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Caught Herb-Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91596

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91596

82

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St.; 18 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Monsen

(Residence in Baltimore: No. 1239 W. Lombard St.; 24 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1892 (Year)

7-AGE, 17 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk, office
(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore Bargain House

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Louis F Monsen

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Elizabeth Dixon

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Monsen

(Address) 1239 W Lombard

15- Filed JAN 24 1916 1916 CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Jan 23 1916, that I saw her alive on Jan 23 1916, and that death occurred, on the date stated above, at 5.52 a. m.

The CAUSE OF DEATH* was as follows:

Mesenteric Thrombosis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Hamrick M. D.

Jan 23., 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1239 W. Lombard.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral	Jan 25, 1916.
20-UNDERTAKER	ADDRESS
John J Fields	1200 W Lombard

Spec.—8-24-14—M. & T.—2000 Blks.

C915 97

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C915 97

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Worden

(Residence in Baltimore: No. 760 McHenry St ST.; 40 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, ..., (Month) ..., (Day) 1 (Year)

7-AGE. About 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Painter, master,
(b) General nature of industry, business, or establishment in which employed (or employer). House

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Worden

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Trexler

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Patterson

(Address) 760 McHenry St

15-

Filed ..., 191.. CHARLES M. SINCLAIR Registrar.

JAN 24 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan 22 1916, that I saw h[illegible] alive on Jan 22 1916, and that death occurred, on the date stated above, at 1235 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ds.

(Signed) Edward P. Davis M. D.

Jan 22 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 4 ds. In the State yrs. 5 mos. ds.

Where was disease contracted, if not at place of death? 760 McHenry St

Former or usual residence 760 McHenry St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Jan 25 1916

20-UNDERTAKER John J Fields

ADDRESS 1200 W Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91598

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91598

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 116 N. Bentley St.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Wolff

(Residence in Baltimore: No. 116 N. Bentley St.; 15 yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, July (Month) 25 (Day), 1843 (Year)

7-AGE, 72 yrs. 5 mos. 28 da. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Journeyman Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House Carpenter

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER Christian E Wolff

11-BIRTHPLACE OF FATHER (State or Country) Wirtemberg

12-MAIDEN NAME OF MOTHER Germany

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Martha M Wolff
(Address) 116 N. Bentley

15-

Filed ..... 191.. CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Jan 22 1916, that I saw h[illegible] alive on Jan 22 1916, and that death occurred, on the date stated above, at 10[illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 10 da.

CONTRIBUTORY (Secondary) Cardiac asthenia

(Duration) ... yrs. ... mos. 2 da.

(Signed) A. L. L. Campbell M. D.

Jan 23 1916 (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park | DATE OF BURIAL, Jan 24, 1916

20-UNDERTAKER William Cook | ADDRESS 216 Saint

Campbell Hall + Barney

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9159 C9159

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Westlake Pl. ST.; 44 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernhard Barley

(Residence in Baltimore: No. 1811 Westlake Pl. St.; 70 yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, May (Month) ..... (Day), 1833 (Year)

7-AGE 82 yrs. 8 mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hancher

(Address) 811 Westlake Pl.

15- JAN 24 1916

Filed ..... 191.... CHARLES M. FIELDALE, Registrar.

Hebert & Heath Campbell

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to Jan 23 1916, that I saw h m alive on Jan 23 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Infirmities of Old age

..... Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Phantom

..... (Duration) ..... yrs. ..... mos. 3 da.

(Signed) R. E. Campbell M. D.

Jan 23, 1916. (Address) 1644 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Jan 25, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 64

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 9 St. Paul Infirmary ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno. C. Kaufman

(Residence in Baltimore: No. 1228 N. Broadway St.; 44 yrs., 4 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Dec. 17th, 1871
(Month) (Day) (Year)

7-AGE, 44 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) ..... R. R.

9-BIRTHPLACE, (State or Country), Balt. Md

PARENTS.

10-NAME OF FATHER, Jno. Kaufman

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Louise Stahl

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine G. Davids

(Address) 1228 N. Broadway

15-

Filed ..... 191.. JAN 24 1916 ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 25th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	Jan. 26 1916
20-UNDERTAKER	**ADDRESS**
H. E. Hughes	17 S. Broadway

Spec.—5-19-13—M. & T.—500 Bks.

C91601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

C91601

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N. Central ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Vernon Parker

(Residence in Baltimore: No. 520 N. Central ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 2 (Month) (Day), 1915 (Year)

7-AGE, ...yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John H. Parker

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary A. Frame

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Parker

(Address) 520 N Central

15- JAN 24 1916 Filed CHARLES M. SINCLAIR. 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1916, to Jan 24 1916, that I saw h.. alive on Jan 20 1916, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

1. Typhoid
2. Pleurisy Bronchitis
3.

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) 2 yrs. ....mos. ....ds.

(Signed) W. C. Burns M. D.

Jan 24 1916. (Address) 2.1.15 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Jan 26, 1916.

20-UNDERTAKER Charles B. Jones — ADDRESS 1118 Druid Park

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91602 HEALTH DEPARTMENT—CITY OF BALTIMORE × 61 × C91602

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Easterly

(Residence in ~~Baltimore~~: No. Mercy Hospital St.; ..... yrs., ... mos. 2 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Mar (Month) 2 (Day), 1890 (Year) ? ?

7-AGE, 75 yrs. 10 mos. 2 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, William East

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane Smith

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records Mercy Hosp

(Address) Calvert St.

15-

Filed JAN 24 1916, 191.... CHARLES M. SINCLAIR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 4 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 191.., to Jan 4 1916, that I saw h.. alive on Jan 2 191.., and that death occurred, on the date stated above, at 6:20 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ?

(Duration) ? yrs. ? mos. ? ds.

(Signed) Edward [illegible] M. D.

Jan 4, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Baltimore, Md.

Former or usual residence Baltimore, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	JAN 24, 191..
20-UNDERTAKER	ADDRESS
Commissioner Health.	

Per. Wm E. WOODALL

Colored

HEALTH DEPARTMENT—CITY OF BALTIMORE 79/60

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1202 Argyle avenue, ST.: 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gray Carter,

(Residence in Baltimore: No. 1202 Argyle avenue, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Unknown,

6-DATE OF BIRTH, ... Unknown, ... (Month), ... (Day), 1 ..... (Year)

7-AGE,	If LESS than 1 day,
70? yrs. ? mos. ? ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Huckster, 65
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... No informant,.....

(Address).....

15-

FILED ..... 191.....

JAN 24 1916

CHARLES M. SINCLAIR, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January ..... 31 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Probably .....
..... Cardiac atheroma, ...
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Maurice Kemp[illegible] M. D.
(Coroner.)

Jan. 4th 1916 (Address) 3310 W. North Av.,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ... 19....
PUBLIC CEMETERY.	JAN 24 1916
20-UNDERTAKER Commissioner Health,	ADDRESS

per Wm E. WOODALL

morgue

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 821 N Ostend ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Davis

(Residence in Baltimore: No. 821 N. Ostend

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown (Month), (Day), 1876 (Year)

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General (Day)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed JAN 24 1916, 191.....

CHARLES M. SINCLAIR

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 1st (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration)..... yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration)..... yrs. mos. ds.

(Signed) Saml Harris M. D.
(Coroner)

Jan 10th, 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	JAN 24 1916, 19...
20-UNDERTAKER Commissioner Health,	ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91605

HEALTH DEPARTMENT—CITY OF BALTIMORE

154 / 2

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1523 McCulloh street, St. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Eagan,

(Residence in Baltimore: No. 1523 McCulloh street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Single,

6-DATE OF BIRTH, November (Month) 24th (Day), 1915. (Year)

7-AGE, 0 yrs. 1 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Unknown, child is a bastard.

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Mary Eagan,

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Eagan, mother,

(Address) 1523 McCulloh street.

15-

Filed ....., 191.... Registrar.

JAN 24 1916

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 22nd (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility,
(cause unknown)

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward L. Koenig, M. D.
(Coroner.)

Jan. 22nd 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

PUBLIC CEMETERY JAN 23 1916

CHARLES M. SINCLAIR,
Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91606

C91606

CERTIFICATE OF DEATH.

REGISTERED NO. C 92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2500 Eager Place St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Diametta Paturzo

(Residence in Baltimore: No. 2500 Eager Place St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 20 —, 1888
(Month) (Day) (Year)

7-AGE, 28 yrs. mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Italy

PARENTS.

10-NAME OF FATHER, Alexander Bracci

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Clara Dalucci

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mari Walton

(Address) 2510 E. Biddle St

15-

Filed JAN 24 1916 CHARLES M. ELMOLAIR, Registrar.

2038 Broadway

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1916, to Jan 23 1916, that I saw her alive on Jan 22 1916, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Wm. L. Dieckhaus M. D.

Jan 24, 191... (Address) 2038 E. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore — DATE OF BURIAL, Jan 26, 1916

20-UNDERTAKER H. C. Rudefield — ADDRESS 1038 Eastern Ave

N.B.—Every item of information should be carefully supplied. ACCURATE AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C51607

HEALTH DEPARTMENT—CITY OF BALTIMORE

C51607

CERTIFICATE OF DEATH.

1 20

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 816 Sarah Ann ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Maggie Lankes (Lee)

(Residence in Baltimore: No. 816 Sarah Ann St.; yrs., 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, ... Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Griffin

(Address) 816 Sarah ann

15-

Filed ....., 191.....

JAN 24 1916 CHARLES M. SINCLAIR, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

Jan 24 191 6 (Address) 242 W Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Lamel Cem

DATE OF BURIAL, Jan 24 1916

20-UNDERTAKER Daniel Easton

ADDRESS 716 Pa Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91608

CERTIFICATE OF DEATH.

151

C91608

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bruno Edwards

(Residence in Baltimore: No. St. Vincents Infant Asylum St.: yrs. 3 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 6th (Day), 1915 (Year)

7-AGE, yrs. 3 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1701 Division St.

15- Filed JAN 24 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1915, to January 20 1916, that I saw him alive on January 20 1916, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition and
Malassimulation
(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. 9 mos. ds.

(Signed) Edward A. Dunn M. D.

Jan. 24, 1916. (Address) 5 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 14 ds. In the State yrs. 3 mos. 14 ds.

Where was disease contracted, if not at place of death? St Vincents Inf Asylum

Former or usual residence St Vincents Inf Asylum

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cem — DATE OF BURIAL, Jan. 24 1916

20-UNDERTAKER Franklin Eakins & Son — ADDRESS 106 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91609

CERTIFICATE OF DEATH.

91

C91609

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Vincents Asft Asy. ST.: 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Rogers

(Residence in Baltimore: No.) St Vincents Infant Asylum St.: yrs. 2 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, November (Month) 13 (Day), 1915 (Year)

7-AGE, yrs. 2 mos. 9 da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St.

15- JAN 24 1916 Filed, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 15th 1916, to January 22 1916, that I saw h er alive on January 22 1916, and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchia-pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Intestinal intoxication

(Duration) yrs. mos. 7 ds.

(Signed) Chas. C. Hanson M. D.

Jan. 22, 1916. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 9 ds. In the State yrs. 2 mos. 9 ds.

Where was disease contracted, if not at place of death? St Vincents Inf Asylum

Former or usual residence St Vincents Inf Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Jan. 24, 1916

20-UNDERTAKER Spalding Baker & Son ADDRESS 416 Lafayette Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK S·A·F

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91610 — 89 — C91610

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1564 N. Fremont Ave St.; 45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Emilie Hulseman

(Residence in Baltimore: No. 1564 N. Fremont Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 27 (Day) 1882 (Year)

7-AGE, 33 yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Eugene Hulseman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Hulseman

(Address) 1564 Fremont ave.

15- JAN 24 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 22nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19th 1916, to Jan 22nd 1916, that I saw her alive on Jan 21st 1916, and that death occurred, on the date stated above, at 4.45 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

and Gastritis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Chas. H. Bulent M. D.

Jan 22nd 1916. (Address) 1100 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan. 25. 1916

20-UNDERTAKER C. W. Dill — ADDRESS 3109 Fredk. Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91611

C91611

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 29 E. Hamburg ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Bortchending

(Residence in Baltimore: No. 29 E Hamburg St. St.; 9 yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: ~~Male~~ Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Sept. (Month) 27, (Day) 1849 (Year)

7-AGE: 66 yrs. 3 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Balto md

PARENTS

10-NAME OF FATHER: John Bortenfiller

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Brown

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Katie Borchending

(Address) 29 E. Hamburg St.

15- Filed JAN 24 1916 191 ROBERT . KRAUTHER, Burial Permit Clerk's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27, 1915, to Jan 22 1916, that I saw her alive on Jan 22 1916, and that death occurred, on the date stated above, at 8.30 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus. Clinical Diagnosis

(Duration) Years yrs mos ds.

Contributory (SECONDARY) Hemorrhage

(Duration) yrs mos 2 ds.

(Signed) J. Edw. Smith M. D.

Jan 23, 1916 [Address] 910 Eight St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Jan 25, 1916

20-UNDERTAKER: Mrs J. E. Evans & Son ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

Theresa Rebhan.

C91612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C91612

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 N Curley St St.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Rebhan

(Residence in Baltimore: No. 1227 N Curley St St.; 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, August 8, 1899.
(Month) (Day) (Year)

7-AGE, 34 yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Worker
(b) General nature of industry, business, or establishment in which employed (or employer). Wife

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Elias Rheiner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Reffi

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa Hartzmiller

(Address) 1227 N Curley St

15- Filed JAN 24 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 191 6, to Jan 23 1916, that I saw h[illegible] alive on Jan 22 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Valvular disease of heart

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. Whalen M. D.

Jan 24, 191... (Address) U.S. Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, January 27, 1916

20-UNDERTAKER Hemsley Hopper & Son — ADDRESS 37 Lloyd St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91613

CERTIFICATE OF DEATH.

108 C91613

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Hemschaper

(Residence in Baltimore: No. 500 N. Kenwood Ave. St.; 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	married

6-DATE OF BIRTH, ... July ..... (Month) ..... (Day) ....., 1881 (Year)

7-AGE, 35 yrs. 6 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles Hofmeister

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Georg Hagel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Hemschaper

(Address) 500 N. Kenwood

15- JAN 24 1916 Filed....., 191..... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 23 1916, to Jany 23 1916, that I saw h[illegible] alive on Jany 23 1916, and that death occurred, on the date stated above, at 10:15 P.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

20 hrs. (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gangrenous Appendix

2 mos. (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Vinton Clk. M. D.

Jany 23, 191. 6 (Address) Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 hrs. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 500 N. Kenwood Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Lakeside Cemetery	Jan 26, 1916
20-UNDERTAKER	ADDRESS
Kindel Klopfer & Son	37 S. Howard St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C91614

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2 [illegible] St. 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hubert

(Residence in Baltimore: No. 207 N Chapel St.: yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, ... January ....., 1 ..... (Month) (Day) (Year)

7-AGE, ... 57 .....yrs. .....mos. .....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Watchman 330
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Journal Inc.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Elijah Russell

(Address) Fayette & Montford ave

15- Filed JAN 24 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan ..... 22nd ....., 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D. (Coroner)

Jan 24, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. 8 hours In the State .....yrs. .....mos. .....ds. unknown

Where was disease contracted, if not at place of death? .....

Former or usual residence 207 N. Chapel St

19-PLACE OF BURIAL OR REMOVAL Baltimore Cemetery

DATE OF BURIAL, Jan 25 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Dr. Sellner Caroline St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91615 61 C91615

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1539 Aisquith St ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn C. Krause

(Residence in Baltimore: No. 1539 Aisquith St St.; 6/12 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov 30, 1908.
(Month) (Day) (Year)

7-AGE, 7 yrs. 1 mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Emil Krause

11-BIRTHPLACE OF FATHER (State or Country) Balt Md

12-MAIDEN NAME OF MOTHER Annie B Sanders

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil Krause

(Address) #1539 Aisquith st

15- Filed JAN 24 1916, 191.. ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22nd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 18th 1916, to January 22nd 1916, that I saw h[illegible] alive on January 22nd 1916, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Acute Dilation Stomach

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. C. Krause, M. D.

January 24th, 191.. (Address) 1539 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Bonnie View DATE OF BURIAL. Jan 24, 1916.

20-UNDERTAKER Wm Cook ADDRESS 502 E Monument

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C31616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 C31616

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 Dado Hospital ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Hoernlein

(Residence in Baltimore: No. 2231 E Federal

St.: yrs., 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... November ....., 1 ..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. ..... ds.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Gen. Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer Blacksmith

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Hoernlein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Hoernlein

(Address) 2231 E Federal St

15- Filed JAN 24 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 23rd, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Mural

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. C. Guilford (Coroner.) M. D.

Jan 24, 1916. (Address) N. E. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 35 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2231 E. Federal St.

Former or usual residence 2231 E. Federal St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Jan 25, 1916

20-UNDERTAKER Frank Crackler — ADDRESS 1704 Gorsuch Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91617 77 C91617

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 W. cor Franklin and Fulton Sts.; 20 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ann Eliza Smith.

(Residence in Baltimore: No. Home for the Aged of the M. E. Church St.; 52 yrs., — mos., — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June (Month) 10 (Day), 1823 (Year)

7-AGE, 93 yrs. — mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Fanning.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eliza Cruse

13-BIRTHPLACE OF MOTHER (State or Country), Carlisle Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records M. E. Home. Miss E. R. Henshaw Supt

(Address)

15- JAN 24 1916 Filed....., 191.... ROBERT . KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1915, to Jany 23 1916; that I saw her alive on Jany 21 1916; and that death occurred, on the date stated above, at 10.30 p. m.

The CAUSE OF DEATH* was as follows:

Pericarditis and

(Duration) 6 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Old age causing General Debility (Duration) 10 yrs. — mos. — ds.

(Signed) Geo. C. Shannon M. D.

Jany 24, 1916 (Address) 700 Fulton ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 20 yrs. 8 mos. — ds. In the State 53 yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Jan. 25, 1916

20-UNDERTAKER George J. Smith — ADDRESS 709 Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

C91618

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91618

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 S Rose ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul H. H. Schmeisser

(Residence in Baltimore: No. 702 S Rose St.; — yrs. 11 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb (Month) 15 (Day), 1915 (Year)

7-AGE, ...yrs. 11 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt City

PARENTS.

10-NAME OF FATHER, John Schmeisser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Olga Stuppe

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr John Schmeisser

(Address) 702 S Rose St

15- Filed JAN 24 1916, 191.... ROBERT . KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Jan 23 1916, that I saw h.. alive on Jan 23 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Measles

..... (Duration) ....yrs. ....mos. 16 ds.

(Signed) O K Yoe M. D.

1/24, 1916. (Address) 7 Polk Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Trinity Bom — DATE OF BURIAL, Jan. 26 1916

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Thomas S. Waters

C91619

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91619

41

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 University Hospital ST.; ..... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr Thomas S. Waters.

(Residence in Baltimore: No. Mt Royal apartments St.; 70 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Eastown ....., 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dentist
(b) General nature of industry, business, or establishment in which employed (or employer)..... 759 7

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, E Walters

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Mary Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J S Waters Dr

(Address) Phila. Pa

15- JAN 24 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 24, 1916.
(Month) (Day) (Year)

17) I HEREBY CERTIFY, That I attended deceased from Jany 17 1916, to Jany 24 1916, that I saw h.. alive on Jany 23 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

4 months
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Carcinoma of Sigmoid
Operation Operation 5/17/16
(Duration) ... yrs. ... mos. — ds.

(Signed) R L Johnson M. D.

1/27, 1916. (Address) University Hospl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 9 ds. In the State 70 yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence Mt Royal apt Balt

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Jan 26, 1916.

20-UNDERTAKER G F Walker — ADDRESS 723 W Lafayette Ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C91620

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 E. North ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane McNeal Herring

(Residence in Baltimore: No. 203 E North ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Dec (Month) 13th (Day) 1831 (Year)

7-AGE: 84 yrs 1 mos 10 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Jas McNeal

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Sarah Quinn

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Q. Herring

(Address) 3024 Orwell ave

15- ROBERT . KRAUTER, Burial Permit Clerk

Filed JAN 24 1916 1831

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 23rd (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1915, to Jan 23 1916, that I saw h.. alive on Jan 23 1916, and that death occurred, on the date stated above, at 10.55 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Gradual Breaking

(Duration) Months ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) Chas H. Riley M. D.

1-24-1916 [Address] 1113 Madison Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Jan 26th, 1916

20-UNDERTAKER: G. F. Walker

ADDRESS: 723 Wilk. Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

C91621 C91621 43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3031 Wilkens Ave ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Diggs.

(Residence in Baltimore: No. 3031 Wilkens Ave St.; 46 yrs. 11 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, February 14, 1869 (Month) (Day) (Year)

7-AGE, 46 yrs. 11 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Diggs

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Isabel Bonington

13-BIRTHPLACE OF MOTHER (State or Country), Phila Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Diggs

(Address) 53 S. Carrollton Ave

15- JAN 24 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1915, to Jan 20 1916, that I saw h[illegible] alive on Jan 18 1916, and that death occurred, on the date stated above, at 1.20 P.M.

The CAUSE OF DEATH* was as follows:

Aperation Nov. 1915
Carcinoma Cervix
Cardiac Asthenia

(Duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast

(Duration) 3 yrs. 0 mos. ..... ds.

(Signed) Edward J. Shuman M. D.

Jan 24, 191. 6 (Address) 1 W. Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 46 yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? 3031 Wilkens Ave

Former or usual residence 3031 Wilkens Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount Ave — DATE OF BURIAL, Jany 25, 191 6

20-UNDERTAKER, Jos. Flook — ADDRESS 1003 W. Balto

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91622

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C91622

REGISTERED NO. C.....

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 E. Jefferson ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Chesney

(Residence in Baltimore: No. 2322 E. Jefferson St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH Aug 20 (Month) (Day) 1837 (Year)

7-AGE 78 yrs. 5 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country) Baltimore City

PARENTS

10-NAME OF FATHER John Sipple

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Catherine Vogel

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Katie Violet

(Address) 2322 E Jefferson St

15 JAN 24 1916 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 24 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14, 1916, to, Jan 24 1916, that I saw h.. alive on Jan 23 1916, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs ..... mos. 8 ds.

Contributory (SECONDARY)

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) A. C. Bearer M. D.

Jan 24 1916 [Address] 2600 E Pa Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery DATE OF BURIAL: Jan 26 1916

20-UNDERTAKER: Christian Miller ADDRESS: 2357 E Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 C91623

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Removed dead) Mercy Hospital ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gillian Evans.

(Residence in Baltimore: No. 204 N. Montford Ave. St.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, April 15, 1882
(Month) (Day) (Year)

7-AGE, 33 yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). City Balto

PARENTS.

10-NAME OF FATHER, John Heuer

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Lena Klumb

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Evans.

(Address) 204 N. Montford Ave.

15- JAN 24 1916 Filed, 191. ROBERT . KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident R. R.
Struck by Express train Pa. R.R.
Few minutes
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Natural Causes
(Duration) ....yrs. ....mos. ....ds.

(Signed) H. H. Schaeffer M. D.
(Coroner.)

Jan. 24, 1916. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, 1st Evangelical Cemetery — DATE OF BURIAL, Jan 25 1916

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH ENGRAVING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91624

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91624

61

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 204 N Washington ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Katherine Wagner

(Residence in Baltimore: No. 204 N Washington St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, ~~Male~~ Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan (Month) 22 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Frederick Wagner

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Katherine Kerner

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Wagner

(Address) 204 N Washington

15- JAN 27 1916 Filed....., 191.. CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 24 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916 to Jan 24 1916, that I saw her alive on Jan 24 1916, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Spinal Meningitis

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Ex Hemiplegia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Adolph L. Eisenbarth M. D.

Jan 27, 1916 (Address) 2201 E. Oliver St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Jan 25, 1916

20-UNDERTAKER J. Harris & Co

ADDRESS 200 E Adams

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91625 C91625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99

PLACE OF DEATH
CITY OF BALTIMORE (No. Univer Md Hosp ST. 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME No Name

(Residence in Baltimore: No. 419 W Lexington St.; 20 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, ~~White~~

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown 1 .....
(Month) (Day) (Year)

7-AGE. 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Chinese Laundryman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Employed in

9-BIRTHPLACE, (State or Country), China

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lee Hon Jr

(Address) 118 Park Ave.

15-

Filed JAN 25 1916 CHARLES M. SINCLAIR. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Org. heart disease

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Heffern M. D.
(Coroner.)

Jan 24, 1916. (Address) 24 W Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death few minutes yrs. ..... mos. ..... ds. In the State ? yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Lexington & Pine Sts

Former or usual residence 419 W Lexington St

19-PLACE OF BURIAL OR REMOVAL, Beth Cemetery. DATE OF BURIAL, Jany 25 1916

20-UNDERTAKER E. M. Mite Lee & Co ADDRESS 1201 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks. Thornton Patterson

C91626

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91626

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3222 Barclay ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thornton Patterson

(Residence in Baltimore: No. 3222 Barclay St.; 30 yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1857 (Year)

7-AGE, 58 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook 365
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Cooking meats

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anne Patterson

(Address) 3222 Barclay St

15- JAN 5 1916 Filed ....., 191.... CHARLES M. SINCLAIR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 1 (Month) ..... 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1915, to Jan 21 1916, that I saw h m alive on Jan 21 1916, and that death occurred, on the date stated above, at 3 6 m.

The CAUSE OF DEATH* was as follows:

..... Brights Disease .....

..... (Duration), ... yrs. 8 mos. ... ds.

CONTRIBUTORY (Secondary) Pericarditis

..... (Duration) ... yrs. ... mos. 30 ds.

(Signed) R. Garland Ahrault M. D.

Jan 22, 1916 (Address) 1534 Dru 1530 Cen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Jan 25th, 1916.

20-UNDERTAKER Felix D. Pyle

ADDRESS 1026 Hulburg

Annie X. Reddick

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91627 92 C91627

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1022 Wilmer St. 17 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie X Reddick

(Residence in Baltimore: No. 1022 Wilmer Ave St.; 50 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Col	Single

6-DATE OF BIRTH, 1865, 1 (Month) (Day) (Year)

7-AGE, 63 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Jones

(Address) 1022 Wilmer Ave

15-

Filed JAN 25 1916 CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 23d, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan 23 1916, that I saw her alive on Jan 23 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Colon Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) 5 yrs. 1 mos. ds.

(Signed) A. Lee Elliott M. D.

1/23, 191 (Address) 92 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Jan 25, 1916
20-UNDERTAKER Kelly & Pye	ADDRESS 1028 Madison Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91628 64 C91628

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Hollins ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME E Herbert Buckingham

(Residence in Baltimore: No. 1316 Hollins St. St.; 50 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Married

6-DATE OF BIRTH, January (Month) 26 (Day), 1855 (Year)

7-AGE, 60 yrs. 11 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Bookkeeper. 966
(b) General nature of industry, business, or establishment in which employed (or employer)..... Fraternal order

9-BIRTHPLACE, (State or Country), Frederick Co. Md

PARENTS.

10-NAME OF FATHER, Wm Buckingham

11-BIRTHPLACE OF FATHER (State or Country), Frederick Co.

12-MAIDEN NAME OF MOTHER Mary A. Barthelow

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leroy Buckingham

(Address) 1316 Hollins St.

15- Filed JAN 25 1916, 191..... CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 22 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1915, to Jan 22 1916, that I saw him alive on Jan 22 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Central Apoplexy

2nd Stroke 2 days. —

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 4 yrs. mos. ds.

(Signed) M Baumgardner M. D.

Jan 23, 1916. (Address) 626 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Olivet Cem	1-25 1916
20-UNDERTAKER	ADDRESS
Robt F. Brooks & Son	Calhoun & Hollins Sts. S.E. Cor

Spec.—5-19-13—M. & T.—500 Blks.

C91629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C91629

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 Light St. ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME alberta Faultner

(Residence in Baltimore: No. 734 Light St St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, Jan 15 (Month), 1842 (Year) (Day)

7-AGE, 74 yrs. mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Pocomoke City Md

PARENTS.

10-NAME OF FATHER, Henry Hall

11-BIRTHPLACE OF FATHER (State or Country) Pocomoke Md

12-MAIDEN NAME OF MOTHER Budget White

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J. McAleste

(Address) 734 Light St

15- Filed Jan 25, 191 5

CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 23rd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20th 1916, to Jan 23rd 1916, that I saw h[er] alive on Jan 23rd 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. 3 ds.

(Signed) J. D. Owens M. D.

Jan 24, 1916 (Address) 1625 Mad St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Steel Bond Mfg Co DATE OF BURIAL, JAN. 25, 1916

20-UNDERTAKER ARMSTRONG-BENNY CO. ADDRESS 715 Light

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91630

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 15 WARD) REGISTERED NO. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margie Hauer

(Residence in Baltimore: No. 335 Gay St. St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Not Known (Month) (Day) 1871 (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Peter Coates

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Hickens

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Hauer

(Address) Govt. Hill

15- Filed Jan 25, 1915. CHARLES M. SINCLAIR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 23, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to Jan 23 1916, that I saw h[illegible] alive on Jan 23 1916, and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Tonsilitis

(Duration) yrs. 2 mos. ds.

(Signed) Arnold L. Jones M. D.

Jan 23, 1916. (Address) 1 West Mt. Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 mos. 3 ds. In the State 5 mos.

Where was disease contracted, if not at place of death? 335 Gay St.

Former or usual residence 335 Gay St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Jan 26, 1916.

20-UNDERTAKER Jos. M. Shaw Son

ADDRESS 1400 Madison

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1228 E Lafayette ave ST.) 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Martin

(Residence in Baltimore: No. 1228 E Lafayette ave St.; yrs., 59 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, March 10th, 1846
(Month) (Day) (Year)

7-AGE, 69 yrs. 10 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm A McKinnon

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Boden

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Allusi

(Address) 1228 E. Lafayette ave

15- JAN 25 1916 CHARLES M. SINCLAIR
Filed ....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. L. Peterson M. D.
(Coroner.)

Jan 27, 1916. (Address) 114 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery

DATE OF BURIAL, Jan 26, 1916

20-UNDERTAKER George F. Routh.

ADDRESS 1735 Hoffard ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C91632 C91632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Webster St.: 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Amelia E or Chas N Forsight (Parents)

(Residence in Baltimore: No. 1400 Webster St.: 24 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, 1 Jn., 1916. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City.

PARENTS.

10-NAME OF FATHER, Chas N Forsight.

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Amelia E Flack

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Amelia E Forsight

(Address) 1400 Webster St

15- Filed JAN 25 1916, 191.....

CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 Jn., 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1, Jn 1916, to 1, Jn 1916, that I saw h er alive on 1, Jn 1916, and that death occurred, on the date stated above, at 8.10 P m.

The CAUSE OF DEATH* was as follows:

Dysteria.

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Bruch + Inertia

(Duration) ..... yrs. Delir 3 minutes mos. ..... ds.

(Signed) L. F. Durlington M. D.

1, Jn., 1916 (Address) 1 42 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cemetery

DATE OF BURIAL, Jan 25, 1916

20-UNDERTAKER P. J. M. Flynn

ADDRESS 1933 Eutaw Pl

Spec.—8-24-14—M. & T.—3000 Blks.

C91633

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91633

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1628 Barnes ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Tyc

(Residence in Baltimore: No. 1628 Barnes St.; 3 yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: October 16th, 1915 (Month) (Day) (Year)

7-AGE: 3 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Julius Tyc

11-BIRTHPLACE OF FATHER (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Mary Kucera

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Mrs. Mary Tyc
(Address): 1628 Barnes st.

15-

Filed JAN 25 1916 19.. CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: January 24th, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from January 23rd, 1916, to January 24th, 1916, that I saw him alive on January 23rd, 1916, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Malnutrition due to improper feeding

(Duration) 3 mos.

CONTRIBUTORY (Secondary)

Convulsions

(Duration) 1 mos.

(Signed) Harold Mann M. D.

Jan 24th 1916 (Address) 1038 Caton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Jan. 25. 1916
20-UNDERTAKER	ADDRESS
Geo M. Jones	811 Kloy

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91634 92 C91634

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Linden St.; 11 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Waters

(Residence in Baltimore: No. 1002 Linden Ave St.; 62 yrs., 8 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May (Month) 14 (Day), 1853 (Year)

7-AGE, 62 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession or particular kind of work, Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Samuel Williams

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY ~~KNOWLEDGE~~.

(Informant) Ida B. Waters

(Address) 1002 Linden Ave

15- JAN 25 1916 Filed

16-CHARLES M. SINCLAIR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) - 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1916, to Jan 22 1916, that I saw h[er] alive on Jan 21 1916, and that death occurred, on the date stated above, at 2.35 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) - yrs. - mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. C. Funk M. D.

Jan 27, 1916 (Address) 1313 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Jan 25, 1916

20-UNDERTAKER, Geo. A. Holland — ADDRESS 577 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91635

C91635

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 14 WARD) REGISTERED No. C 29

2-FULL NAME Mary E. Taylor

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1809 W. McCulloh St. St.; 15 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOW(ER), or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June (Month) 5 (Day) 1878 (Year)

7-AGE, 36 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework 87
(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Moses Taylor

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St.

15- CHARLES M. SINCLAIR

Filed JAN 25 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1916, to Jan 21 1916, that I saw h[illegible] alive on Jan 21 1916 and that death occurred, on the date stated above, at 3:01 P. m.

The CAUSE OF DEATH was as follows*

Mitral Regurgitation and [illegible]

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

Jan 21, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 25 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1809 W. McCulloh St.

Former or usual residence 1809 W. McCulloh St.

19-PLACE OF BURIAL OR REMOVAL, Livingston Lancaster Co. Va. DATE OF BURIAL, Jan 25., 1916.

20-UNDERTAKER George W. Holland ADDRESS 517 Robert St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 24

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 619 S. Wolfe St. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaw Pezywara

(Residence in Baltimore: No. 619 S. Wolfe St.; yrs., 3 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 8th (Day), 1912 (Year)

7-AGE, 3 yrs. 10 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michael Pezywara

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Anna Galda

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Pezywara

(Address) 619 S. Wolfe St.

Filed JAN 25 19[illegible] CHARLES M. SINCLAIR, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 23rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus following scalds from hot water

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Body scalded by hot water (Duration) Jan 8. 1916 yrs. mos. ds.

(Signed) David A. Jones M. D. (Coroner.)

Jan 25, 1916 (Address) 926 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Jan 25, 1916

20-UNDERTAKER William Fiackowk ADDRESS 148 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

Skeffey

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C91637 C91637

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 680 N Mulberry St. 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Skeffey

(Residence in Baltimore: No. 1680 W. Mulberry St.; ..... yrs., ... mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, 1 (Month) — 21 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 2 ds.

If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Boyd Skeffey.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Barbara Luster

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed JAN 25 1916 CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) — 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-21 1916, to 1-23 1916; that I saw h.. alive on 1-23 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis,

(Duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 0 yrs. — mos. ds.

(Signed) Chas. E. Sina M. D.

1-24, 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	JAN 25 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

Emilie Smede

C91638

CERTIFICATE OF DEATH

92 C91638

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 606 Comb alley ST. 72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emilie Smede

(Residence in Baltimore: No. 606 Combs (Combs) St.; 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	married

6-DATE OF BIRTH March 6, 1849 (Month) (Day) (Year)

7-AGE 66 yrs. 10 mos. 18 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Eastern Shore Md

PARENTS

10-NAME OF FATHER unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Steven Smede

(Address) 606 Comb alley

15 JAN 25 1916 ..... 191 CHARLES M. SINCLAIR
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10, 1916, to Jan 24 1916, that I saw h[illegible] alive on Jan 23, 1916, and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

(Primary Cause.) Pneumonia Lobar.

Supervened from Influenza

(Duration) yrs. mos. 10 ds

Contributory (SECONDARY) Heart Failure c. H Failure

(Duration) yrs. mos. 10 ds.

(Signed) Otto Fuchs M. D.

Jan 24, 1916 (Address) 1125 Cathy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn et | DATE OF BURIAL Jan 26 1916

20-UNDERTAKER C. H. Brown & Son | ADDRESS 1818 W. Monto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91639 C91639

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Dockett St.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carter Robinson

(Residence in Baltimore: No. 111 Hughes St. St.; 45 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	single

6-DATE OF BIRTH, Nov 4 (Month) (Day), 1883 (Year)

7-AGE,	If LESS than 1 day,
33 yrs. 10 mos. 18 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 50
(b) General nature of industry, business, or establishment in which employed (or employer): Day (Stevedore)

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Lewis Robinson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Wilcox

(Address) Mount St

15-

Filed JAN 25 1916 191.... CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14 1915, to Jan 22 1916, that I saw h[illegible] alive on Jan 22 1916 and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. mos. ds.

(Signed) Daniel L. Smith M. D.

Jan 22 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. 7 mos. 7 ds. In the State 13 yrs. mos. ds.

Where was disease contracted, if not at place of death? 111 Hughes St

Former or usual residence 111 Hughes St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Essex Va	Jan 27, 1916

20-UNDERTAKER E L Brown and Son

ADDRESS 18 E Monument

Rappahannock Route Rappahannock County Va

Spec.—5-19-13—M. & T.—500 Bks.

C91640

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91640

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 106 N. Vincent St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas H. Johnson

(Residence in Baltimore: No. 106 N. Vincent St.; — yrs., 3 mos. 14 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct — 10, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Elgah Johnson

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Tyler

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Johnson

(Address) 106 N. Vincent

15-

Filed ..... 1916. 191 CHARLES M. SINCLAIR, Registrar.

JAN 25 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan — 22 —, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan 24 1916, that I saw h— alive on Jan 23 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Jan 24 1916 (Address) 3 W Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Zion Cem	Jan 26 1916
20-UNDERTAKER	ADDRESS
Wilbert Brown	Mount St.

C91641

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C91641

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2447 Greenmount Ave. St.; 9 WARD)

2 FULL NAME Charlotte C. McCaffrey.

(Residence in Baltimore: No. 2447 Greenmount Ave St.; yrs. 21 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug (Month) 12 (Day), 1898 (Year)

7 AGE: 17 yrs. 4 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer): Public School

9 BIRTHPLACE (State or country): Baltimore City.

PARENTS

10 NAME OF FATHER: Chas C McCaffrey

11 BIRTHPLACE OF FATHER (State or country): Baltimore City

12 MAIDEN NAME OF MOTHER: Margt R Foultz

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas C McCaffrey

(Address) 2447 Greenmount Ave

15 JAN 25 1916 CHARLES M. SINCLAIR, REGISTRAR
Filed ....., 191.....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 24 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 23, 1916, to January 24 1916, that I saw her alive on January 24, 1916, and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. 1 ds.
Contributory (SECONDARY) Broncho pneumonia

(Duration) yrs. mos. ds.
(Signed) Thos A Millikan M. D.
Jan 25, 1916 (Address) 2449 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Jan 26, 191 6

20 UNDERTAKER: C. A. Wiedefeld & Bro ADDRESS: 1343

Spec.—8-24-14—M. & T.—2000 Bks.

C91642

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91642

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 N Castle ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Kidd

(Residence in Baltimore: No. 1810 N Castle St.; ..... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Jan ..... 22 ....., 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, George B Kidd

11-BIRTHPLACE OF FATHER (State or Country), Unite Md

12-MAIDEN NAME OF MOTHER Catherine Kamper

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George B Kidd

(Address) 1810 N Castle St

15- JAN 25 1916 CHARLES M. SINCLAIR ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan ..... 24 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to Jan 24 1916, that I saw h[illegible] alive on Jan 24 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

..... Premature birth .....

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Jacob Trahos ..... M. D.

Jan 25, 1916. (Address) 1926 E Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross, Hartsdale — DATE OF BURIAL, Jan 27, 1916

20-UNDERTAKER C D Fanning — ADDRESS 1928 Lafayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91643

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91643

CERTIFICATE OF DEATH.

1916 79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2049 Pennsylvania Ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia H. Scott

(Residence in Baltimore: No. 2049 Pennsylvania Ave St.; 73 yrs., 3 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, Oct (Month) 18 (Day), 1842 (Year)

7-AGE, 73 yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George H Kraft

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Burke

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth J Lochner

(Address) 2049 Pennsylvania ave

Filed JAN 25 1916 191..... CHARLES M. SINCLAIR..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1915, to Jan 24 1916, that I saw h.. alive on Jan 23 1916, and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Acute Valvular Heart Disease

(Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ...yrs. ...mos. 2 ds.

(Signed) E. [illegible] Frey M. D.

Jan 24, 191... (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Jan 26, 191...

20-UNDERTAKER William Cook ADDRESS 602 E North

Dr Frey - 1928 Pennsylvania ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SAFE T

C31644

HEALTH DEPARTMENT—CITY OF BALTIMORE 172

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Linden ave. & Madison st. St.) 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Burnham,

(Residence in Baltimore: No. 829 N. Central avenue,

St.: yrs., 4 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, August (Month) 30th (Day), 1861. (Year)

7-AGE, 54 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: 218
(a) Trade, profession, or particular kind of work: House carpenter,
(b) General nature of industry, business, or establishment in which employed (or employer): Building trade,

9-BIRTHPLACE. (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Burnham,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Rebecca James,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma J. Burnham, wife,

(Address) 829 N. Central avenue.

JAN 25 1916 CHARLES M. SINCLAIR.

Filed....., Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 24th (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably internal injuries caused by an accidental fall from a building on which he was at work,

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) G. Frederick Kempel, M. D.
(Coroner.)

Jan. 25th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 8 ds. In the State 54 yrs. 4 mos. 24 ds.

Where was disease contracted, if not at place of death?

Curtis Bay, Maryland.

Former or usual residence 829 N. Central Ave.

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden

DATE OF BURIAL, Jan 27 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91645 64 C91645

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1936 W Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas G. Weeks

(Residence in Baltimore: No. 1936 W Lanvale St.; 52 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, May 25, 1845 (Month) (Day) (Year)

7-AGE, 70 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer): 764

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Geo. C. Weeks

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Williams

(Address) 1936 W. Lanvale St.

15- JAN 25 1916

Filed ....., 191... CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11 1916 to Jan. 25 1916, that I saw h... alive on Jan. 25 1916, and that death occurred, on the date stated above, at 10.20 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 11 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. ... mos. ... ds.

(Signed) Martin W Shorb M. D.

Jan 25, 1916 (Address) 826 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 27 1916

20-UNDERTAKER H. Richmond — ADDRESS Norman Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91646

CERTIFICATE OF DEATH.

* 92 C91646

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Jones.

(Residence in Baltimore: No. Md. Gen. Hospital St.; ... yrs., ... mos., 4 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black.	Married

6-DATE OF BIRTH, ... Unknown ....., 187.1
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
33 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home .....

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Bettie Williams

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Jack Ray .....

(Address) ..... 626 Bradley .....

15- JAN 25 1916 ROBERT J. BEAUTE Burial Permit Clerk
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 22nd 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 18th 1916, to Jan. 22nd 1916, that I saw her alive on Jan. 22nd 1916, and that death occurred, on the date stated above, at 1.25 P.m.

The CAUSE OF DEATH* was as follows:

..... Acute Cardiac Dil. .....

.....

..... Other ..... (Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ... yrs. ... mos. 7 ds.

(Signed) Frank E. Shipley M. D.

Jan. 22nd 1916 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 4738 Park Heights Ave.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem. Baltimore Co. Md.	Jan 24, 1916
20-UNDERTAKER	ADDRESS
Sam'l. Claxton	For Mother's

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C31647

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Brady

(Residence in Baltimore: No. 2109 N. Carey St. Lazaretto Av. & Milton Ave St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 24 (Month) (Day) 1855 (Year)

7-AGE, 60 yrs. 4 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Barber
(b) General nature of industry, business, or establishment in which employed (or employer). Barber Shop

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Patrick Brady

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Catherine Tobin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Eutaw St.

15- Filed JAN. 25 1916 ROBERT J. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 23, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan. 23 1916, that I saw h[illegible] alive on Jan 23 1916, and that death occurred, on the date stated above, at 5:35 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Duration (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Louis H. Smith M. D.

Jan 23 1916. (Address) 22 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 49 yrs. mos. ds.

Where was disease contracted, if not at place of death? Lazaretto & Milton Ave

Former or usual residence Lazaretto & Milton Ave

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Jan. 26, 1916.

20-UNDERTAKER Henry W. Meyer

ADDRESS 805 N. Eutaw St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91648 '79 C91648

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. Md. Gen. Hospt. St., WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan Smith.

(Residence in Baltimore: No. 608 W. Lafayette ave St.; 20 yrs., 20 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1853 (Year)

7-AGE, 63 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant 655
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing Store

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levin

(Address) 1414 E. Baltimore St

15- Filed JAN 25 1916, 191.. ROBERT . KRAUTER Burial Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 24th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 21st 1916, to Jan 24th 1916, that I saw him alive on Jan 24th 1916, and that death occurred, on the date stated above, at 4.50 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Mitral Regurg.

(Duration) yrs. ? mos. ? da.

(Signed) Frank E. Simpson M. D.

Jan. 24th 1916. (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 da. In the State 20 yrs. mos. da.

Where was disease contracted, if not at place of death? ?

Former or usual residence 608 W. Lafayette St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel Cd — DATE OF BURIAL, 1/27, 1916

20-UNDERTAKER Jack Levin — ADDRESS 1414 E Baltimore St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C 91649 92 C 91649

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Baltimore city Jail. St. 16 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George R. Beauchamp.
(Residence in Baltimore: No. 1948 Harlem Ave. St.; Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, February (Month) 16 (Day), 1848 (Year)

7-AGE, 67 yrs. 11 mos. 8 da. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Formerly a Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country), City Balto.

PARENTS.
10-NAME OF FATHER, John Beauchamp
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER, Mary E Roberts
13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary E Beauchamp
(Address) 1948 Harlem Ave.

15-Filed JAN 25 1916, 191... ROBERT KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsies or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... da.

(Signed) H. H. Chambers (Coroner.) M. D.

Jan. 25, 1916. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
LOUDON PARK.	JAN 25 1916
20-UNDERTAKER ARMSTRONG-DENNY CO.	ADDRESS 715 Eight

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91650

CERTIFICATE OF DEATH.

10 C91650

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Ettring ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Evenline Smith

Residence in Baltimore: No. 1711 Ettring St.: 35 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem. 4-COLOR OR RACE. Col 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1847 (Year)

7-AGE, 68 yrs. ..... mos. ..... da. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). Private Family

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Henry Watson

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Margaret Comfort

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Smith

(Address) 1711 Ettring St

15 Filed JAN 25 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 30 1916, to Jan 22 1916, that I saw her alive on Jan 22 1916, and that death occurred, on the date stated above, at 8:45 P.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) 1 yrs. 2 mos. da.

CONTRIBUTORY (Secondary) La Grippe & Pneumonia

(Duration) 1 yrs. mos. 12 da.

(Signed) R. Gaston Schmalf M. D.

Jan 23, 1916 (Address) 424 East 23 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Brick Ra Sta Va. DATE OF BURIAL, Jan 26, 1916.

20-UNDERTAKER Felix B. Pye ADDRESS 1015 Mulberry.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91651

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

152 C91651

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 5212, Fulton ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Michael Reichert

(Residence in Baltimore: No. 5212, Fulton St.; — yrs. — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	single

6-DATE OF BIRTH: January (Month) 25 (Day) 1916 (Year)

7-AGE: — yrs. — mos. — ds. If LESS than 1 day, 1 hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto city

PARENTS

10-NAME OF FATHER: Mrs Michael Reichert

11-BIRTHPLACE OF FATHER (State or country): Baltocity

12-MAIDEN NAME OF MOTHER: Annie Orell

13-BIRTHPLACE OF MOTHER (State or country): City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm M. Reichert

(Address) 521 S. Fulton Ave

15- JAN 25 1916 Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 25 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1916, to, Jan 28th 1916, that I saw h.. alive on Jan 25 1916, and that death occurred on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Asphyxiation in bed

(Duration) — yrs. — mos. 1 hr. ds.

Contributory (SECONDARY)

(Duration) — yrs. — mos. — hrs. ds.

(Signed) Chas J. F. Bergs M. D.

Jan 25, 1916 [Address] 1105 Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 26, 1916

20-UNDERTAKER: Jos Flook — ADDRESS: 1013 W Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91652 — 92 C91652

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Myrtle Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathaniel Fisher

(Residence in Baltimore: No. 915 Myrtle Ave St.; 30 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Widower

6-DATE OF BIRTH, Unknown (Month) (Day), 18.. (Year)

7-AGE, 42 yrs. – mos. – ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Truck Driver
(b) General nature of industry, business, or establishment in which employed (or employer)..... Grocery Laborer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard Fisher

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Henrietta Cadman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Brown

(Address) 915 Myrtle Ave

15- FILED JAN 26 1916 CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 24, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1916, to Jan 24 1916, that I saw h– alive on Jan 24 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(Duration) .... yrs. 6 mos. .... ds.

(Signed) Jno. M. Fiske M. D.

Jan 24, 1916. (Address) 201 N. Bethel Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Jan 27 1916.

20-UNDERTAKER Alfred J Fruland — ADDRESS 1146 Schwaby

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C31633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C31633

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3674 Falls Road St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura G. Darby

(Residence in Baltimore: No. 3674 Falls Road. St.; ..... yrs., ... mos., 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Nov. (Month) 12 (Day), 1849 (Year)

7-AGE,	If LESS than 1 day,
66 yrs. 2 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Gilbert Ennis

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Davis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. I. Hewitt

(Address) 3674 Falls Road

15- CHARLES M. SINCLAIR, Registrar.

Filed JAN 26 1916, 191....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-25 1916, to 1-26 1916, that I saw her alive on 1-25 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Aortic Valvular Heart disease

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis Exhaustion

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) C. F. J. Coughlin M. D.

1-26, 1916. (Address) 3701 E. Lanvale Bvd.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 66 yrs. 2 mos. 14 ds.

Where was disease contracted, if not at place of death? Salisbury Md.

Former or usual residence Salisbury Md.

19-PLACE OF BURIAL OR REMOVAL. Salisbury, Md. DATE OF BURIAL, Jan 26 1916

20-UNDERTAKER Horace Burgee Son ADDRESS 3631 Falls Rd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91651 10 C91651

1—PLACE OF DEATH
CITY OF BALTIMORE: (No. 920 Harlem Ave St.) 16 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann George
(Residence in Baltimore: No. 920 Harlem Ave St.; 41 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow
6-DATE OF BIRTH, Dec 6th, 1828 (Month) (Day) (Year)
7-AGE, 87 yrs. 1 mos. 19 ds. If LESS than 1 day, hrs. or min.
8-OCCUPATION: (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.
10-NAME OF FATHER, Thomas Pennington
11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania
12-MAIDEN NAME OF MOTHER Harriet Miller
13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lucy Brown
(Address) 920 Harlem Ave

15-
Filed ..... 191.....
CHARLES M. SINCLAIR, JAN 24 1916 Registrar.
Dr Geo Fleming 1018 Madison Ave

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1/25, 1916 (Month) (Day) (Year)
17- I HEREBY CERTIFY, That I attended deceased from 1/15 1916, to 1/25 1916, that I saw h[er] alive on 1/25 1916, and that death occurred, on the date stated above, at 10 A.M.
The CAUSE OF DEATH* was as follows:
Cardiac Dropsy
Precorded by heart failure
(Duration) yrs. mos. 14 ds.
CONTRIBUTORY (Secondary)
Collapse (Duration) yrs. mos. ds.
(Signed) Geo F Fleming M. D.
1/26, 1916 (Address) 1018 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery
DATE OF BURIAL, Jany 27, 1916
20-UNDERTAKER Stewart Mann Co
ADDRESS 108 W North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91655

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C91655

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Albion Hotel ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Chancellor Morris

(Residence in Baltimore: No. Albion Hotel St.: 76 yrs. 6 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July ?, 1839 (Month) (Day) (Year)

7-AGE: 76 yrs. 6 mos. ? ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Morris

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Sarah Chancellor

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Josephine S. Morris

(Address) 908 Park Av.

15. Filed JAN - 5 1916 19.. CHARLES M. SINCLAIR, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 25, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1916, to Jan. 25, 1916, that I saw her alive on Jan. 25, 1916, and that death occurred, on the date stated above, at 0 P. m.

The CAUSE OF DEATH* was as follows:

La Grippe.

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY): Edema of the lungs.

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) A. F. Robinson M. D.

Jan. 25, 1916 (Address) 1412 Northwestern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 3 yrs. ? mos. ? ds. In the State 76 yrs. mos. ds.

Where was disease contracted, if not at place of death? ? ?

Former residence 916 Madison Av.

19-PLACE OF BURIAL OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: January 27, 1916

20-UNDERTAKER: Stewart & Owen Co

ADDRESS: 108 W. Fort Av.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91656 C91656

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Lambert ST.; 17 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Luther Olney

(Residence in Baltimore: No. 524 Lambert St.; 1 yrs., 3 mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colard	infant

6-DATE OF BIRTH, Jan (Month) 21 (Day), 1915 (Year)

7-AGE, 1 yrs. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Charles S. Olney

11-BIRTHPLACE OF FATHER (State or Country), Anna Rondal Co Md

12-MAIDEN NAME OF MOTHER Lillie F. Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Balt Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles S. Olney

(Address) 524 Lambert St

15-

Filed ....., 191.....

JAN 26 1916 CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 24 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan 23 1916, that I saw him alive on Jan 23 1916, and that death occurred, on the date stated above, at 2.00 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ....yrs. ....mos. 3 ds.

(Signed) [illegible] M. D.

Jan 24, 1916, (Address) 1443 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Dunbar Cemetery	Jan 26 1916.
20-UNDERTAKER	**ADDRESS**
John H Owens	1222 Druid Park

C91657

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C91657

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 628 Jasper pst ST.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Emma Watts

(Residence in Baltimore: No. 628 Jasper st ST.: 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 ~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Widow

6 DATE OF BIRTH: Jan (Month) 25 (Day) 1847 (Year)

7 AGE: ~~70~~ 69 years ... mos. ... ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Va.

PARENTS

10 NAME OF FATHER: Jas Gray

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mc Moore

13 BIRTHPLACE OF MOTHER (State or country): Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie J. Modder

(Address) 1947 Druid Hill Ave

15 CHARLES M. SINCLAIR

Filed JAN 2 ..., 191...

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 25 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1916 to Jan 25 1916 that I saw her alive on Jan 25, 1916 and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 5 ds

Contributory (SECONDARY) La Grippe

(Duration) ... yrs. ... mos. 15 ds.

(Signed) T. K. Gorsuch M. D.

1-26, 1916 (Address) 117 W Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Jan 27, 1916

20 UNDERTAKER: Samuel J. Hambley — ADDRESS: 5 N. Paca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91658 C91658

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Eiselen ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Brown

(Residence in Baltimore: No. 727 Eiselen St.; 38 yrs., ... mos. ..... da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Builder & Contractor

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eleanor Allsup

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eleanora Brown

(Address) 727 Eiselen

15- JAN 26 1916 CHARLES M. SINCLAIR,
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 23 1916, that I saw h[illegible] alive on Jan 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

..... (Duration) ..... yrs. ..... mos. 8 da.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) ..... yrs. ..... mos. 8 da.

(Signed) A. M. Finlen M. D.

Jan 26 1916. (Address) 714 S. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, [illegible] Cemetery | DATE OF BURIAL, Jan 26, 191.

20-UNDERTAKER [illegible] | ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91059

C91059

CERTIFICATE OF DEATH.

78

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fribe

(Residence in Baltimore: No. 1511 E. Eager St

St.; 31 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	White	Single

6-DATE OF BIRTH, April 13, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. 8 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk 977
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dry Good Store

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Fribe

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Mary F Bernike

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- JAN 26 1916 Filed..... 191..... CHARLES M. SINCLAIR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 2 1915, to January 25 1916, that I saw h alive on January 1 1916, and that death occurred, on the date stated above, at 7 35 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration)..... yrs. 5 mos..... ds.

CONTRIBUTORY (Secondary) Myocarditis and Bron

(Duration)..... yrs. 5 mos..... ds.

(Signed) A. L. Bloomfield M. D.

Jan. 25, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 3 mos. 26 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1511 E. Eager St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Jan. 27 1916

20-UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Gay St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

CD1680 x 42 CD1680

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Hanna Kinsey

(Residence in ~~Baltimore:~~ No. Womans Hosp ST.; 1 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (~~Write~~ the word.)
Female	White	Widowed

6-DATE OF BIRTH, Feb (Month) 4 (Day), 1874 (Year)

7-AGE,	If LESS than 1 day,
41 yrs. 11 mos. 25 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Philadelphia, Penna

PARENTS.

10-NAME OF FATHER, John S. Quise

11-BIRTHPLACE OF FATHER (State or Country), Philadelphia, Penna

12-MAIDEN NAME OF MOTHER Hanna Melville

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Hendricks

(Address) Womans Hosp

15-

Filed JAN 26 1916, 191 CHARLES M. SINCLAIR Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 7 1915, to January 25 1916, that I saw her alive on January 25 1916, and that death occurred, on the date stated above, at 2.15 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

Clinical Diagnosis & Operation

(Duration) ? yrs. ? mos. da.

CONTRIBUTORY (Secondary) Uterine Hemorrhage

(Duration) yrs. mos. 4 da.

(Signed) Chas. L. Warner M. D.

Jan. 25, 1916 (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 19 ds. In the State ? yrs. ? mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 130 W Fifty Second St New York.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cem	1-27, 1916
20-UNDERTAKER F. W. Jenkins & Son Co	ADDRESS Orchard & McCulloh

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91661 C91661

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 N. Bruce ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Violet Johnson

(Residence in Baltimore: No. 1418 N. Bruce St.: Life time yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Baby.

6-DATE OF BIRTH, August 30, 1915.
(Month) (Day) (Year)

7-AGE, 4 mos. 21 da.
yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Johnson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Helen Cunningham

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Johnson

(Address) 1336 n. Mount St.

15- Filed JAN 26 1916, 191 CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH January 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 23 1916, to January 24 1916, that I saw h alive on 191, and that death occurred, on the date stated above, at 1230 a.m.

The CAUSE OF DEATH* was as follows:

Capillary Pneumonia

(Duration) — yrs. — mos. 3 da.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) — yrs. — mos. 1 da.

(Signed) Chas. E. Clark M. D.

Jan 24, 1916 (Address) 1310 N. Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion

DATE OF BURIAL, Jan. 26 1916

20-UNDERTAKER James H Dennis

ADDRESS 1830 E...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91662

Anna R. Scheiking 64

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91662

Registered No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1631 Moreland Ave St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna R. Scheiking

(Residence in Baltimore: No. 1631 Moreland Ave St.: 34 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: April 1st, 1863 (Month) (Day) (Year)

7 AGE: 52 yrs. 9 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Mechanicsville York Co Pa

PARENTS

10 NAME OF FATHER: John Foltey

11 BIRTHPLACE OF FATHER (State or country): Mechanicsville York Co Pa

12 MAIDEN NAME OF MOTHER: Eliza Able

13 BIRTHPLACE OF MOTHER (State or country): Mechanicsville York Co Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J E Scheiking

(Address) 1631 Moreland ave

15 Filed JAN 26 1916, 19

CHARLES M. SINCLAIR. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 25, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1915, to Jan 25 1916, that I saw h e alive on Jan 25, 1916, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. 4 mos. 25 ds.

Contributory (SECONDARY) Cerebral Hemmorhage

(Duration) yrs. 4 mos. 20 ds.

(Signed) C Melville Mc D M. D.

Jan 25, 1916 (Address) 1294 Pulliam Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 27 1916

20 UNDERTAKER: Wm J Thompson — ADDRESS: 1314 Light St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91663 120 C91663

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3005 Brighton St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank A Zeigler

(Residence in Baltimore: No. 3005 Brighton St.; 56 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov 15, 1859 (Month) (Day) (Year)

7-AGE: 56 yrs. 2 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale Lumber 977

9-BIRTHPLACE (State or country): Pa

PARENTS

10-NAME OF FATHER: wm Zeigler

11-BIRTHPLACE OF FATHER (State or country): Pa

12-MAIDEN NAME OF MOTHER: Margaret Longsdorf

13-BIRTHPLACE OF MOTHER (State or country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Frank a Zeigler

(Address) 3005 Brighton st

15.

Filed JAN 25 1916 191 CHARLES M. SINGLEY REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 24, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 4, 1916, to Jan 24 1916, that I saw him alive on January 24, 1916, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis
Chronic Nephritis
Long duration - at least 5 years. (Duration) yrs. mos. ds

Contributory (SECONDARY) Myocarditis
(Duration) yrs. 1 mos. ds.

(Signed) Sydney R Miller M. D.
Jan 24, 1916 (Address) 11 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Jan 26, 1916

20-UNDERTAKER: Chas E. Franck

ADDRESS: 802 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91664

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Pitro

(Residence in Baltimore: No. 310 E. Broadway St.; yrs., 5 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August (Month) 15 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
yrs. 5 mos. 10 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Joseph Pitro

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Francesca Polumbo

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15-

Filed JAN 26 1916 CHARLES M. SINCLAIR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 12 1916, to January 25 1916, that I saw h alive on January 15 1916, and that death occurred, on the date stated above, at 10 15 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Otitis

(Duration) yrs. 1 mos. ds.

(Signed) G F Lewis M. D.

Jan 26, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 310 E Broadway

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Jan 27, 1916

20-UNDERTAKER Wm Fiaschowski ADDRESS 1618 East

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91665

HEALTH DEPARTMENT—CITY OF BALTIMORE

119

C91665

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 408 E. Clement ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Forsythe

(Residence in Baltimore: No. 408 E. Clement St St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1865 (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Log & Plate Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) Herbeyer Whse

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm Forsythe

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. E. Forsythe

(Address) 408 E. Clement

15-

Filed JAN 5 1916, CHARLES E. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 23 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 22 1916, to June 23 1916, that I saw him alive on June 26 1916, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Anasarca Cancer

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cancer Cervix Uteri (Duration) ..... yrs. 18 mos. ..... ds.

(Signed) J. F. Hayward M. D.

(Address) 1 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 26, 1916

20-UNDERTAKER, Fort & Tyler Whse — ADDRESS 318 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

C91666

1-PLACE OF DEATH Webster H. Bishop

CITY OF BALTIMORE: (No. 2 Franklin Prot. Asylum ST.: 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Webster H Bishop

(Residence in Baltimore: No. 3912 Kale ave. St.: 31 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	Married

6-DATE OF BIRTH, Nov. (Month) 27 (Day), 1884 (Year)

7-AGE.	If LESS than 1 day.
31 yrs. 1 mos. 28 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bookkeeper 966
(b) General nature of industry, business, or establishment in which employed (or employer): Accelator

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Wm R Bishop

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Fannie Jewell

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. J. Smith

(Address) 1000 E. Fayette St

15- JAN 26 1916 CHARLES M. SINCLAIR.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan 25 1916, that I saw h— alive on Jan 25 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Burns S Chaffee M. D.

Jan 25, 1916. (Address) W. P. L.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3102 Frost St E

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Jan. 28, 1916

20-UNDERTAKER Geo J Lill — ADDRESS 1000 E Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91667

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91667

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1730 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Moddem

(Residence in Baltimore: No. 1730 Division St.; 32 yrs., 8 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col

5-SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May 28 1883 (Month) (Day) (Year)

7-AGE, 32 yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), U. S. Balto.

PARENTS.

10-NAME OF FATHER, Richard R. Riggs

11-BIRTHPLACE OF FATHER (State or Country), U. S.

12-MAIDEN NAME OF MOTHER Rebecca Hall

13-BIRTHPLACE OF MOTHER (State or Country), U. S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Moddem

(Address) 1730 Division St

15-

Filed..... 1916 CHARLES M. SINCLAIR. Registrar.

JAN 6 C 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 4th 1916, to Jan 25th 1916, that I saw h[illegible] alive on Jan 25th 1916 and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Lee Ehrt M. D.

Jan 26, 1916 (Address) 1730 Division St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Lukes Cem. Richmond Va. DATE OF BURIAL, Jan 27, 1916

20-UNDERTAKER George H. Hoffman ADDRESS 577 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91668 C91668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 782 Columbia Ave ST.) 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt Fagan

(Residence in Baltimore: No. 782 Columbia Ave St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 3, 1855 (Month) (Day) (Year)

7-AGE, 60 yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar-tender
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon Keeper

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Robt. Fagan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Nugent

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno E Fagan

(Address) 800 Columbia

15- JAN 26 1916 CHARLES M. SINCLAIR Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) [redacted] M. D.

Jan 25, 1916 (Coroner) (Address) 242 W Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan 27 1916

20-UNDERTAKER Jas. Dignam & Son — ADDRESS 1005 S. Paca

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH PENDING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91669

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91669

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 547 W. Hamburg ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. R. Floyd

(Residence in Baltimore: No. 547 W. Hamburg St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept 18, 1844 (Month) (Day) (Year)

7-AGE: 71 yrs. 4 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): Wagon Works

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Robt Floyd

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ralph Floyd
(Address) 335 Scott St

15. CHARLES M. SINCLAIR.
Filed JAN 26 1916, 191
REGISTRAR (Over)

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 24, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1916, to Jan 24 1916; that I saw h[illegible] alive on Jan 24, 1916, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis
Septichaemia
(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Infection Lt Arm.
(Duration) yrs. mos. 15 ds.

(Signed) W. C. Bullington MD M. D.
Jan 24, 1916 (Address) 687 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: National — DATE OF BURIAL: Jan 26, 1916

20-UNDERTAKER: Jas. Wignarton — ADDRESS: Wood & Local

Spec.—8-24-14—M. & T.—2000 Bks.

C91670

HEALTH DEPARTMENT—CITY OF BALTIMORE

119 C91670

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1742 Ryan ST.; 21 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Warner

(Residence in Baltimore: No. 1742 Ryan St.; 38 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown, 1877
(Month) (Day) (Year)

7-AGE, 38 years. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, James Warner

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Ella Johns

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Warner

(Address) 1742 Ryan

15-

Filed JAN 26 1916, 191

CHARLES M. SINGLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15 1916 to Jan. 23 1916, that I saw h[illegible] alive on Jan 21. 1916, and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Nephritis Acute

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. 3 mos. ds.

(Signed) M. L. Dullinger M. D.

Jan 24 1916 (Address) 682 Columbus

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Lin

DATE OF BURIAL, Jan. 25., 1916.

20-UNDERTAKER John J. Herman & Son

ADDRESS 901 Holly

Spec.—8-24-14—M. & T.—2000 Bks.

C91671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

C91671

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Guttenberg

(Residence in Baltimore: No. Hebrew Hospital & Asylumn St.; 55 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1823 (Year)

7-AGE, 93 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address)

15-

Filed JAN 26 1916, 191.. CHARLES M. SINCLAIR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30, 1915, to Jan. 25, 1916, that I saw her alive on Jan. 25, 1916, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. B. Levin M. D.

Jan 25, 1916. (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death 53 yrs. mos. ds. In the State 60 yrs. mos. ds.

Where was disease contracted, if not at place of death? Hebrew Hosp & Asylum

Former or usual residence " " " "

19-PLACE OF BURIAL OR REMOVAL, Har Sinai DATE OF BURIAL, Jan 27, 1916

20-UNDERTAKER Harry Goodman ADDRESS 118 Exeter

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91672 79 C91672

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1117 W 37th ST.; 13th WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J Rice

(Residence in Baltimore: No. 1117 W. 37th St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Write the word.) Widow

6-DATE OF BIRTH, June 15 (Month) (Day), 1866 (Year)

7-AGE, 50 yrs. 0 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer) Beautician

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Rigney

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Harris

(Address) 1117 W 37th St

15-

Filed JAN 28 1916, 191.., CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1915, to Jan 25 1916, that I saw her alive on Jan 24 1916, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis & Mitral regurgitation (Duration) yrs. 6 mos. ds.

(Signed) Thos Donaldson Jr M. D.

Jan 25 1916 (Address) 846 W 36th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rock Hall Md DATE OF BURIAL, Jan 27 191.6

20-UNDERTAKER Chenowith Son ADDRESS Chestnut Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X146 C91673

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Childrens Hospital School St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miriam Spedden

(Residence in Baltimore: No. Childrens Hospital School St.: 2 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH October 9th, 1899. (Month) (Day) (Year)

7-AGE. 16 yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Salisbury North Carolina

PARENTS.

10-NAME OF FATHER. H. H. Spedden

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary West

13-BIRTHPLACE OF MOTHER (State or Country). Salisbury N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. H. H. Spedden.

(Address) Salisbury, N.C.

15-

Filed..... 191.....

JAN 26 1916

CHARLES M. SINCLAIR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 5 1915, to Jan 25 1916, that I saw h[illegible] alive on Jan 25 1916, and that death occurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH* was as follows:

Purulent peritonitis (Staph Aureus)

..... (Duration)..... yrs..... mos. 5 ds.

CONTRIBUTORY (Secondary) Multiple foci osteomyelitis

..... (Duration) 2 yrs. 6 mos. ds.

(Signed) Isadore Zader M. D.

Jan 25, 1916 (Address) Childrens Hosp School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 3 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Salisbury N.C.

Former or usual residence Salisbury N.C.

19-PLACE OF BURIAL OR REMOVAL Salisbury N.C. DATE OF BURIAL, Jan. 26, 1916.

20-UNDERTAKER Joseph L. Bloch ADDRESS 1013 W. Balto St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91674

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

C91674

1 PLACE OF DEATH Little Sisters of the Poor (Mary A. Ebert) REGISTERED No. C.....

CITY OF BALTIMORE: (No. 8 ST.: 10 WARD)

2-FULL NAME Mary A. Ebert

(Residence in Baltimore: No. Little Sisters of the Poor St.; yrs. 3 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Jan 30 (Month) (Day), 1857 (Year)

7-AGE: 65 yrs. 0 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Valerius Ebert

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Charlotte Baughman

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15-

Filed JAN 6 1916, 191.....

CHARLES M. SINCLAIR
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 24th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23, 1916, to, Jan 24 1916, that I saw h.. alive on Jan 24 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cardio vascular renal disease primarily originating from Arterio-sclerosis

indefinite (Duration) yrs. mos. ds.

Contributory (SECONDARY) (myocarditis) + hypostatic congestion Lung (Duration) yrs. mos. 2 ds.

(Signed) E.A. Haywood M. D.

1-25, 1916 [Address] 6356 Preston

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. 3 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross DATE OF BURIAL: Jan 27, 1916

20-UNDERTAKER: H.C. Wisdfeld ADDRESS: 914 Greenmount Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—S-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91675 C91675

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 N. Wolfe ST.; 8 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J. Murphy

(Residence in Baltimore: No. 1705 N. Wolfe St.; 49 yrs., 10 mos. 10 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 16, 1866
(Month) (Day) (Year)

7-AGE, 49 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... R.R. 530
(b) General nature of industry, business, or establishment in which employed (or employer)..... Conductor

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Bernard Murphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Alice Gray

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Murphy

(Address) 1705 N. Wolfe St.

15- CHARLES M. SINCLAIR.

Filed JAN 26 1916 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1916, to Jan 26 1916, that I saw h[illegible] alive on Jan 25 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jacob Frisbie M. D.

Jan. 26, 1916. (Address) 1926 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Jan 29, 1916

20-UNDERTAKER J. C. Bradfield ADDRESS 1917 Fayette

C91676

HEALTH DEPARTMENT---CITY OF BALTIMORE

64

C91676

CERTIFICATE OF DEATH

1 PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Petronilla Ketelmann

(Residence in Baltimore: No. Little Sisters of the Poor St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Jan. (Month) 26 (Day) 1848 (Year)

7-AGE: 68 yrs. 1 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Bohemia

PARENTS

10-NAME OF FATHER: John Kunuba

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Mary Kunuba

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed JAN 26 1916 191 CHARLES M. SINCLAIR. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH, January (Month) 26th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23, 1916, to, Jan 26 1916, that I saw h.. alive on Jan 25 1916, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Indefinite (Duration) yrs mos ds.

Contributory (SECONDARY) Apoplexy

(Duration) yrs mos 2 ds.

(Signed), E H Hayward M. D.

Jan 26 1916 [Address] 838 E Pratt

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 6 yrs. mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral DATE OF BURIAL: Jan. 28, 1916

20-UNDERTAKER: W. C. Maddox ADDRESS: 914 Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91677 C91677

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Payne

(Residence in Baltimore: No. 1004 Dalrymple Ave St.; about 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1882 (Year)

7-AGE, 34 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Consulting Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): 276

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, James Payne

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emily McCray

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hughes Towers

(Address) 3809 Edgewood Rd City

15- JAN 26 1916 Filed, 191.... ROBERT F. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 26 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/13 1916, to 1/26 1916, that I saw h[e] alive on 1/26 1916, and that death occurred, on the date stated above, at 12 40 p.m.

The CAUSE OF DEATH* was as follows:

Uremic toxemia hepatitis

(Duration) yrs. mos. Unknown ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Welch M. D.

1/26, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1004 Dalrymple Ave

19-PLACE OF BURIAL OR REMOVAL, Wilmington N.C. DATE OF BURIAL, Jan 2, 191.6

20-UNDERTAKER W. J. Jackson ADDRESS Guilford Co

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SAFETY FILM

Spec.—8-24-14—M. & ...—2000 Blks.

C91678 Henry Maywald

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C91678

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Mercy Hospital ST. 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Maywald

(Residence in Baltimore: No. 611 W. Washington St.; 60 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. 7, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 2 mos. 18 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): Own Shop

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Maywald

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Kathryn Bayer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Cullen Hospital

(Address) Union Trust Bldg.

15-

Filed JAN 26 1916 191... Burial Permit Clerk

Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to Jan 25 1916, that I saw him alive on Jan 26 1916 and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senile Complication

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward H. Smith M. D.

Jan 25, 1916. (Address) 1 Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 3 ds. In the State 58 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 611 Washington St

Former or usual residence 611 Washington St

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Jan. 27, 1916.

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Pleasant St.

Spec.--8-24-14—M. & T.—2000 Bks.

C91679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 9 C91679

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 709 E. Register ST.; 2 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes M. Reese

(Residence in Baltimore: No. 709 S. Register St.: 4 yrs., 2 mos. 17 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. 7, 1911
(Month) (Day) (Year)

7-AGE, 4 yrs. 2 mos. 17 da. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michael Reese

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Francis Szczukowski

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Michael Reese
(Address) 709 S. Register

15- Filed JAN 26 1916, 191.. ROBERT . KRAUTHER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 26, 191..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 191.., to Jan 26 191.., that I saw h.. alive on Jan 25 191.., and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:
Puerperal Diphtheria

(Duration) ....yrs. ....mos. 9 da.

CONTRIBUTORY. (Secondary) Cardiac Exhaustion

(Duration) ....yrs. ....mos. 2 da.

(Signed) W. McGeorge Smith M. D.
Jan 26, 191.. (Address) 2008 Ashland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .... yrs. .... mos. .... da. In the State .... yrs. .... mos. .... da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Jan 27, 1916

20-UNDERTAKER M. F. Sadowski ADDRESS 705 Shum

Funeral at 8.55 a.m.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91680 C91680 C91680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 114

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Morfoot

(Residence in Baltimore: No. University Hospital St.; ....yrs., ...mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 18, 1856 (Month) (Day) (Year)

7-AGE, 59 yrs. 9 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer Gardener
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Howard Morfoot

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Martha Ensor

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt. M. Morfoot

(Address) 125 London Ave

15- JAN 26 1916

Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 191 6, to Jan 24 191 6, that I saw him alive on Jan 24 191 6, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Central Embolism

(Duration) immediate yrs. mos. ds.

CONTRIBUTORY (Secondary) Laparotomy for Cholecystitis

(Duration) unknown yrs. mos. ds.

(Signed) J. Houston Pancoast M. D.

Jan 24, 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 9 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Relay Md

19-PLACE OF BURIAL OR REMOVAL, Hampstead Md DATE OF BURIAL, JAN 27 1916, 191...

20-UNDERTAKER, Leo D Gerbig ADDRESS Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91681

CERTIFICATE OF DEATH.

105

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 E 22nd. St. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cidaline Gwendolyn Ricks

(Residence in Baltimore: No. 816 E 22nd St. St.; 1 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug. (Month) 31 (Day), 1913 (Year)

7-AGE, 2 yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Harry A. Ricks

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Marie M. Gartner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jane Ricks

(Address) 816 E. 22nd St.

15- Filed JAN 26 1916 ROBERT . KRAUTER, 101 Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 25th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1916, to Jan 25 1916, that I saw h[illegible] alive on Jan 25 1916, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

acute indigestion

(Duration) ....yrs. ....mos. 5 hours ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. 5 hours mos. ....ds.

(Signed) Reginald J. Tonry M. D.

Jan. 25, 1916 (Address) 414 1 North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Jan. 27, 1916

20-UNDERTAKER Horace Burger & Son ADDRESS 3631 Hallsted

C91682

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C91682

1 PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Cassell

(Residence in Baltimore: No. Little Sisters of Poor St.; 72 yrs. ..... mos. ..... ds.)

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: Oct (Month) 11 (Day) 1818 (Year)

7-AGE: 97 yrs. 3 mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: J. Cassell

11-BIRTHPLACE OF FATHER (State or country): Carroll Co Md

12-MAIDEN NAME OF MOTHER: Mary Ivy

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15 JAN 26 1916 Filed ....., 191 ROBERT J. KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 24th (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~to record~~ ....., 191..., to, ... 191...,
that I saw h.m alive on 1916,
and that death occurred, on the date stated above, at 9 P m.
The CAUSE OF DEATH* was as follows:

Broncho pneumonia
10 days (Duration) ..... yrs ..... mos ..... ds.
Contributory (SECONDARY) Debility, 97 yrs.
(Duration) ..... yrs. ..... mos. — ds.
(Signed), P. McBarron, M. D.
Jany 25 1916. [Address] 1133 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death 1 yrs. 4 mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Oakland Md — DATE OF BURIAL: Jan. 27. 1916

20-UNDERTAKER: Harry W. Ehlen — ADDRESS 1948 W. Mountain

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91683

CERTIFICATE OF DEATH.

28 C91683

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Greenmount Ave St.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Catherine Booze

(Residence in Baltimore: No. 2609 Greenmount Ave St.; 10 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April 21st, 1869 (Month) (Day) (Year)

7-AGE, 46 yrs. 9 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John B. Overton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Nelson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hon. Phipps

(Address) Towson Md.

15- JAN 26 1916 Filed....., 191.... ROBERT . KRAUTER. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 13th 1916, to Jan 26th 1916, that I saw her alive on Jan 24 1916, and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. A. Mangano M.D.

Jan 26th 1916 (Address) 2057 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Prospect Hill Towson — DATE OF BURIAL, Jan. 27., 1916.

20-UNDERTAKER John Burns & Sons. — ADDRESS Towson Md.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91684 C91684

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 S. Washington ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Davis

(Residence in Baltimore: No. 422 S. Washington St St.; 41 yrs., 9 mos. 12 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 12 (Day), 1874 (Year)

7-AGE, 41 yrs. 9 mos. 12 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... in general

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Thos Davis

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dena Davis

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bernhardt

(Address) 422 S Washington St

15- Filed JAN 26 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1915, to Jan 24 1916, that I saw h.. alive on Jan 23 1916, and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration yrs. mos. da.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

Duration 2 mos.

(Signed) Wm. Keller M. D.

Jan 25, 1916 (Address) 1937 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former ar usual residence

19-PLACE OF BURIAL OR REMOVAL, 1st German Cem — DATE OF BURIAL, Jan 27, 1916

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern Ave

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 29 C91685

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Church Home & Infirmary St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jonathan T. Ellman

(Residence in Baltimore) No. Church Home & Inf. St.: 4 yrs., 9 mos. 25 da.)

N. Broadway.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 27 (Month) 1832 (Day) 1 (Year)

7-AGE, 83 yrs. 4 mos. 29 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Anne Arundel Co., Md.

PARENTS.

10-NAME OF FATHER, Richard Ellman

11-BIRTHPLACE OF FATHER (State or Country), Anne Arundel Co, Md

12-MAIDEN NAME OF MOTHER Eleanor Watkins

13-BIRTHPLACE OF MOTHER (State or Country), Anne Arundel Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... W. J. Lemmon

(Address)... Church Home, Md.

15- JAN 26 1916 Filed....., 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1915, to January 1916, that I saw him alive on January 25th 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Unknown

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Senility

Unknown

(Duration) yrs. mos. da.

(Signed) Horace Pue... M. D.

Jan..., 1916. (Address) C.H.&I. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. 9 mos. 25 da. In the State X yrs. XX mos. 25 da.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Anne Arundel Co Md.

19-PLACE OF BURIAL OR REMOVAL, Hallows Church Anne Arundel Co, Md. DATE OF BURIAL, 1/27, 1916.

20-UNDERTAKER Henry W. Mears & Son ADDRESS 805 N. Calvert St

Via Wash. Balto & Annapolis E. RR. Chas. Frank Koppa accompany

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C91686

C91686

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 Guilford Ave. ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa M. Downey

(Residence in Baltimore: No. 1035 Guilford Ave. St.; 50 yrs., 11 mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: February 22, 1865 (Month) (Day) 1 (Year)

7-AGE: 50 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Patrick J. Canty

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Ellen Grant

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary E. Canty

(Address) 1035 Guilford Ave.

15- Filed JAN 26 1916 ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan. 24, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1 1916, to Jan 24 1916, that I saw h[illegible] alive on Jan 23 1916, and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

Pericarditis Chronica

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) yrs. 3 mos. ds.

(Signed) J. E. Lumbard M. D.

1/24/, 1916 (Address) 1202 E. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 1/27/, 1916

UNDERTAKER Henry W. Maas & Son

ADDRESS 1058 N. Calvert St.

C91687

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

93

C91687

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2221 Mt. Holly St., ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Stittig Doody

(Residence in Baltimore: No. 2221 Mt. Holly St. St.; 10 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: August 3, 1892 (Month), 1 (Day), (Year)

7-AGE: 23 yrs. 5 mos. 22 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE (State or country): Chicago, Ill

PARENTS

10-NAME OF FATHER: John J. Doody

11-BIRTHPLACE OF FATHER (State or country): Albany, N. Y.

12-MAIDEN NAME OF MOTHER: Julia A. Stittig

13-BIRTHPLACE OF MOTHER (State or country): Albany, N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J. Doody

(Address) 2221 Mt. Holly St.

15 JAN 26 1916 ROBERT . KRAUTER
Filed ..... 191 ..... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 1 (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1915, to Jan 24th 1916, that I saw h[illegible] alive on January 24 1916, and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) 2 yrs mos ds

Contributory (SECONDARY) Empyema of Left Lung

(Duration) 2 yrs mos ds

(Signed) Samuel P. Brandt M. D.

Jan 26 1916. [Address] 28 Aisquith

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 1/27, 1916

20-UNDERTAKER: Henry W. Meaux & Son

ADDRESS: 105 N. Calvert St.

Spec.—8-24-14—M. & T.—3000 blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C01688 C01688

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2935 N. Calvert ST.; 17 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia E. Marchant

(Residence in Baltimore: No. 2935 N. Calvert St.; ..... yrs., 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1843 (Year)

7-AGE, 72 yrs. ? mos. ? ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Paulan Blackburn

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Nancy Humphreys

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. E. E. Marchant

(Address) Harmony Village Va.

15-JAN 27 1916 CHARLES M. SINCLAIR

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1916. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from January 1 1916, to January 25 1916, that I saw her alive on January 25 1916, and that death occurred, on the date stated above, at 9.40 p.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

.....

.....

..... (Duration) 3 yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) — yrs. — mos. 1 ds.

(Signed) Thomas J. Talbott M. D.

January 27, 1916. (Address) Marlborough Apts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Burlans Wharf Va. DATE OF BURIAL, January 27 1916

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 1201 N. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91689

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91689

CERTIFICATE OF DEATH

29

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1213 E. Oliver ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John James Arthur Lee McGreevy

(Residence in Baltimore: No. 1213 E Oliver St.: 56 yrs. 11 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Feb. 7, 1859 (Month) (Day) (Year)

7 AGE: 56 yrs. 11 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: meter Worker 3/14
(b) General nature of industry, business, or establishment in which employed (or employer): Md Meter Wks

9 BIRTHPLACE (State or country): Balto md

PARENTS

10 NAME OF FATHER: John McGreevy

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: F. Burchfld.

13 BIRTHPLACE OF MOTHER (State or country): Balto md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Harry McGreevy
(Address): 1213 E Oliver st

15 JAN 27 1916 CHARLES M. SINCLAIR.
Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 25, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1915, to Jan 25th 1916, that I saw him alive on Jan 25th, 1916, and that death occurred, on the date stated above, at 5 00 m.
The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) — yrs. — mos. 21 ds

Contributory (SECONDARY): Chronic Nephritis Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Wheeler Buck M. D.

Jan 25, 1916 (Address) 2846 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan. 28, 1916

20 UNDERTAKER: Wm J Schaefer & Son — ADDRESS: 1800 Monument

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C31699 HEALTH DEPARTMENT--CITY OF BALTIMORE C31699

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1008 N. Lonsdale ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Upton Davis

(Residence in Baltimore: No. 1008 N. Lonsdale St ST.: 22 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH: June 20th, 1857 (Month) (Day) (Year)

7 AGE: 58 yrs. 7 mos. 6 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Express Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Express & Delivery Wagon

9 BIRTHPLACE (State or country): Carroll Co. Md.

PARENTS

10 NAME OF FATHER: Peter Davis

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Watson

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs Annie Davis
(Address): 1008 N. Lonsdale st

15 Filed JAN 27 1916, 191 — CHARLES M. SINCLAIR, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 26, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1916, to Jan 26 1916, that I saw him alive on Jan 25, 1916, and that death occurred, on the date stated above, at 4.00 a. m.
The CAUSE OF DEATH* was as follows:

Erysipelas of face

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Chronic Alcoholism, Chronic nephritis & Hypocarditis chronic Endocarditis (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Maurice E. Shamer M. D.
Jan 26, 1916 (Address) 548 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Jan 27 1916

20 UNDERTAKER: Pettit & Fields — ADDRESS: 1200 N. Lonsdale st

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3438

C91691

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91691

94

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1006 Hollins ST. 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hallie N. Perry.

(Residence in Baltimore: No. 1006 Hollins St; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, Feb. (Month) 28th (Day), 1912 (Year)

7-AGE, 3 yrs. 10 mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Norman Perry

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Lavines

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Perry

(Address) 1006 Hollins St.

15- JAN 27 1916 CHARLES M. SIMMONS

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 25th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to. her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Samuel Kirk M. D. (Coroner.)

Jan 26th, 1916. (Address) 1302 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	Jan. 27., 1916

20-UNDERTAKER	ADDRESS
John F. Fields	1200 N. Lombard St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91692 C91692

1 PLACE OF DEATH — REGISTERED NO. C 170

CITY OF BALTIMORE: (No. 421 N. Eden St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A. Thompson

(Residence in Baltimore: No. 421 N. Eden St.; Fifty yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: Jan (Month) 25 (Day), 1843 (Year)

7-AGE: 73 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: George Stevenson

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Ann Evans

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B M Parratt

(Address) 421 N. Eden St.

15- Filed JAN 27 1916, 191 — CHARLES M. SINCLAIR REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 25 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15, 1915, to, Jan 24 1916, that I saw her alive on Jan 24 1916, and that death occurred, on the date stated above, at 5.30A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) 2 yrs mos ds.

Contributory (SECONDARY) Oedema of lungs and ascites, uraemia

(Duration) yrs mos 1 ds.

(Signed) Robert J Green M. D.

Jan 2, 1916 [Address] 120½ Aisquith

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Jan 28. 1916

20-UNDERTAKER: Josiah Lepper — ADDRESS: 620 N North ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91693

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 79

C91693

REGISTERED NO. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Maryland Penitentiary ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward C. Watts.

(Residence in Baltimore: No. 638 Clinton Ave. St.; 10 yrs. 9 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH: August (Month) 7 (Day) 1854 (Year)

7-AGE: 61 yrs. 5 mos. 19 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter, 21 y
(b) General nature of industry, business, or establishment in which employed (or employer): worked on Building

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Richard Watts

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Ellen Dunn

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward C. Watts

(Address) Md Penitentiary

15- Filed JAN 27 1916 191 CHARLES M. SINCLAIR REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 26 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28, 1910, to, January 26 1916, that I saw h im alive on January 25 1916, and that death occurred, on the date stated above, at 1.40 A. m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs and Cardiac Failure

(Duration) ... yrs ... mos. 2 ds.

Contributory (SECONDARY) Chronic, Endocarditis

(Duration) 6 yrs ... mos. ... ds.

(Signed) William F. Schmeck M. D.

January 26, 191 [Address] Maryland Penitentiary

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... 10 yrs 9 mos 19 ds. In the State ... Life yrs mos ds.

Where was disease contracted, if not at place of death? Md Penitentiary

Former or usual residence 638 Clinton Ave

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 28 1916

20-UNDERTAKER: Geo. Weber & Son — ADDRESS: 2503 Edmondson Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61 C91691 — 28 C91691

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2519 W. Fayette ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Robert Plowman

(Residence in Baltimore: No. 2519 W. Fayette St.; 61 yrs., 6 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July 24th, 1854 (Month) (Day) (Year)

7-AGE, 61 yrs. 6 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Letter Carrier
(b) General nature of industry, business, or establishment in which employed (or employer): Balto P. O.

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, James Tipton Plowman

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER, Sarah M Hackney

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nora Plowman

(Address) 2519 W. Fayette St.

15- JAN 27 1916

Filed ....., 191.... CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 26th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6th 1915, to Jan 26th 1916, that I saw h[illegible] alive on Jan 26th 1916, and that death occurred, on the date stated above, at 8:4 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 14 ds.

(Signed) [illegible] M. D.

Jan 26th, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Jan 29, 1916

20-UNDERTAKER, Geo. Weber & Son — ADDRESS 2503 Edmondson Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C01695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130 C01695

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 Scott St ST.: 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John George Imhoff

(Residence in Baltimore: No. 225 Scott St St.: 60 yrs., 9 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April 8, 1855
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
60 yrs. 9 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): Bro R R

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John Geo Imhoff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Lockbachler

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie S Imhoff

(Address) 225 Scott St

15- JAN 27 1916

Filed ....., 191.... CHARLES M. SINCLAIR Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1915, to Jan 24 1916, that I saw h im alive on Jan 24 1916, and that death occurred, on the date stated above, at 1.10 Pm.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 7 ds.

(Signed) Edwin Crouch M. D.

Jan 25, 1916 (Address) 617 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Jan 27, 1916

20-UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91696 28 C91696

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 N Central ave WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Lenick

(Residence in Baltimore: No. 1325 N Central ave St.; ..... yrs., ... mos. ..... ds.)

Wife

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Nov 23rd, 1887
(Month) (Day) (Year)

7-AGE, 28 yrs. 2 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At home

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, Thomas G Lenick

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary Murray

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Landais

(Address) 1325 N Central ave

15-

Filed ....., 191.....

CHARLES M. SINCLAIR
Registrar.

JAN 27 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25th 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Jan 25 1916, that I saw h[illegible] alive on Jan 24 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Insanity

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Jan 26, 1916 (Address) 3382 Fords

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral DATE OF BURIAL, Jan 28 1916

20-UNDERTAKER John A Moran & Sons ADDRESS Balto

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Dr 7 Eight 97 — 735 Fulton Ave — 92 — C 1697

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 N Gilmor ST.: 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F Gent

(Residence in Baltimore: No. 1302 N Gilmor St.; 35 yrs.. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1868 (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor 735
(b) General nature of industry, business, or establishment in which employed (or employer): Office Building

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jacob Gent

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Margaret Bein

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia McKinley

(Address) 1302 N Gilmor St

15-

Filed JAN 27 1916 191.... CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 26.. (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to Jan 26 1916, that I saw h m alive on Jan. 26 1916, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 5 ds.

(Signed) Thomas L. Todd M. D.

1-26.., 1916. (Address) 735 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, Jan. 29.., 1916.

20-UNDERTAKER A Fahey & Sons ADDRESS 106 Lafayette Ave

C91698

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C91698

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2425 Frances St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catherine McBrinick

(Residence in Baltimore: No. 2425 Frances St St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Don't Know, 1878 (Month) (Day) (Year)

7 AGE: 38 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Walsh

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Walsh

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward McBrinick

(Address) 2425 Frances St

15 Filed JAN 27 1916 19 CHARLES M. SINCLAIR, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 25, (Day) 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1916, to Jan 25 1916, that I saw h Or alive on Jan, 1916, and that death occurred, on the date stated above, at 3.45 P m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia,

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY)

(Duration) yrs. mos. 5 ds.

(Signed) J. J. McBrinn M. D.

Jan 26, 1916 (Address) 1303 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Jan 29, 1916

20 UNDERTAKER: M. Foley & Son — ADDRESS: 606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91699

CERTIFICATE OF DEATH.

97 C91699

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hitzelberger

(Residence in Baltimore: No. 1422 Homestead St

St.: 49 yrs., .mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	married

6-DATE OF BIRTH, January 9, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 0 mos. 16 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shirt Cutter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Shirt Factory

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph K. Hitzelberger

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Eckeffer

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G J Smith

(Address) Johns Hopkins Hospital

15-

Filed JAN 27 1915, 191.....

CHARLES M. SINCLAIR
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 25 191 4, to January 25 191 5, that I saw h alive on January 24 191 5, and that death occurred, on the date stated above, at 7 29a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) 1 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Incarcerated umbilical hernia

(Duration) yrs. 6 mos. ds.

(Signed) Stanley Boyce - Jones M. D.

Jan 25, 191 5 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1422 Homestead St

19-PLACE OF BURIAL OR REMOVAL, Balto. Cem. DATE OF BURIAL, Jan. 27, 1915

20-UNDERTAKER Wm C. Black ADDRESS 927 W Broadway

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 22th DAY July
OF 1964 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH C88600- Reg Oct. 3, 1915
AND ENDING WITH C-91699 -Reg. JAN. 27, 1916 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: L Pryor

END OF REEL